

# FAMILY EMERGENCY PLAN

Make sure your family has a plan in case of an emergency. Before an emergency happens, sit down together and decide how you will get in contact with each other, where you will go and what you will do in an emergency. Keep a copy of this plan in your emergency supply kit or another safe place where you can access it in the event of a disaster.

|                             |                   |
|-----------------------------|-------------------|
| Out-of-town Contact Name:   | Telephone Number: |
| Email:                      | Telephone Number: |
| Neighborhood Meeting Place: | Telephone Number: |
| Regional Meeting Place:     | Telephone Number: |
| Evacuation Location:        |                   |

Fill out the following information for each family member and keep it up to date.

|                |                                |
|----------------|--------------------------------|
| Name:          | Social Security Number:        |
| Date of Birth: | Important Medical Information: |
| Name:          | Social Security Number:        |
| Date of Birth: | Important Medical Information: |
| Name:          | Social Security Number:        |
| Date of Birth: | Important Medical Information: |
| Name:          | Social Security Number:        |
| Date of Birth: | Important Medical Information: |
| Name:          | Social Security Number:        |
| Date of Birth: | Important Medical Information: |

Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare providers, workplace and apartment buildings should all have site-specific emergency plans that you and your family need to know about.

|                                 |                                 |
|---------------------------------|---------------------------------|
| <b>WORK LOCATION ONE</b>        | <b>SCHOOL LOCATION ONE</b>      |
| Address:                        | Address:                        |
| Phone Number:                   | Phone Number:                   |
| Evacuation Location:            | Evacuation Location:            |
| <b>WORK LOCATION TWO</b>        | <b>SCHOOL LOCATION TWO</b>      |
| Address:                        | Address:                        |
| Phone Number:                   | Phone Number:                   |
| Evacuation Location:            | Evacuation Location:            |
| <b>WORK LOCATION THREE</b>      | <b>SCHOOL LOCATION THREE</b>    |
| Address:                        | Address:                        |
| Phone Number:                   | Phone Number:                   |
| Evacuation Location:            | Evacuation Location:            |
| <b>OTHER PLACE YOU FREQUENT</b> | <b>OTHER PLACE YOU FREQUENT</b> |
| Address:                        | Address:                        |
| Phone Number:                   | Phone Number:                   |
| Evacuation Location:            | Evacuation Location:            |

| Important Information           | Name | Telephone Number | Policy Number |
|---------------------------------|------|------------------|---------------|
| Doctor(s):                      |      |                  |               |
| Other:                          |      |                  |               |
| Pharmacist:                     |      |                  |               |
| Medical Insurance:              |      |                  |               |
| Homeowners/Rental Insurance:    |      |                  |               |
| Veterinarian/Kennel (for pets): |      |                  |               |



Dial 9-11 for emergencies  
 For more information visit:  
[www.GearUpGetReady.org](http://www.GearUpGetReady.org)

