

Family Emergency Plan

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. Fill out the front of this 'Family Emergency Plan' card with information on who to call and where to go. Fill out the back with personal information for each family member and keep it up to date. Keep your 'Family Emergency Plan' in your emergency supply kit where you can access it in the event of a disaster.

Who to Call

EMERGENCY CONTACT NAME #1

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EMERGENCY CONTACT NUMBER #1

EMERGENCY CONTACT NAME #2

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EMERGENCY CONTACT NUMBER #2

Where to Go

EMERGENCY MEETING PLACE

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TELEPHONE NUMBER

ADDRESS

OTHER IMPORTANT INFORMATION

Dial 911 for Emergencies

Fill out the front and back of these 'Family Emergency Plan' cards with the same information as above. Give one to each member of your family.

<p>EMERGENCY CONTACT NAME #1</p> <p>EMERGENCY CONTACT NUMBER #1</p>	<p>EMERGENCY CONTACT NAME #1</p> <p>EMERGENCY CONTACT NUMBER #1</p>
<p>EMERGENCY CONTACT NAME #2</p> <p>EMERGENCY CONTACT NUMBER #2</p>	<p>EMERGENCY CONTACT NAME #2</p> <p>EMERGENCY CONTACT NUMBER #2</p>
<p>Family Emergency Plan</p> <p>Dial 911 for Emergencies</p>	<p>Family Emergency Plan</p> <p>Dial 911 for Emergencies</p>
<p>EMERGENCY CONTACT NAME #1</p> <p>EMERGENCY CONTACT NUMBER #1</p>	<p>EMERGENCY CONTACT NAME #1</p> <p>EMERGENCY CONTACT NUMBER #1</p>
<p>EMERGENCY CONTACT NAME #2</p> <p>EMERGENCY CONTACT NUMBER #2</p>	<p>EMERGENCY CONTACT NAME #2</p> <p>EMERGENCY CONTACT NUMBER #2</p>
<p>Family Emergency Plan</p> <p>Dial 911 for Emergencies</p>	<p>Family Emergency Plan</p> <p>Dial 911 for Emergencies</p>

Fill out the following information for each member of your family. Include the location where each person spends the most time and keep it up-to-date. Contact the schools, daycare providers, workplaces, and apartment buildings for their site-specific emergency plans.

<u>FAMILY MEMBER NAME</u>	<u>DATE OF BIRTH</u>	<u>SCHOOL/WORK PLACE</u>	<u>SCHOOL/WORK PLACE NUMBER</u>
<u>TELEPHONE NUMBER</u>	<u>SOCIAL SECURITY NUMBER</u>	<u>EVACUATION ADDRESS</u>	<u>OTHER IMPORTANT INFORMATION</u>
<u>POLICY NUMBER</u>	<u>OTHER IMPORTANT MEDICAL INFORMATION</u>		

<u>FAMILY MEMBER NAME</u>	<u>DATE OF BIRTH</u>	<u>SCHOOL/WORK PLACE</u>	<u>SCHOOL/WORK PLACE NUMBER</u>
<u>TELEPHONE NUMBER</u>	<u>SOCIAL SECURITY NUMBER</u>	<u>EVACUATION ADDRESS</u>	<u>OTHER IMPORTANT INFORMATION</u>
<u>POLICY NUMBER</u>	<u>OTHER IMPORTANT MEDICAL INFORMATION</u>		

<u>FAMILY MEMBER NAME</u>	<u>DATE OF BIRTH</u>	<u>SCHOOL/WORK PLACE</u>	<u>SCHOOL/WORK PLACE NUMBER</u>
<u>TELEPHONE NUMBER</u>	<u>SOCIAL SECURITY NUMBER</u>	<u>EVACUATION ADDRESS</u>	<u>OTHER IMPORTANT INFORMATION</u>
<u>POLICY NUMBER</u>	<u>OTHER IMPORTANT MEDICAL INFORMATION</u>		

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Where to Go

<u>EMERGENCY MEETING PLACE</u>	<u>TELEPHONE NUMBER</u>
<u>ADDRESS</u>	<u>OTHER IMPORTANT INFORMATION</u>

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