

Family Emergency Plan

Emergency Phone Numbers

Family Member 1	Work/School Phone Number	Cell Phone	Email
Family Member 2	Work/School Phone Number	Cell Phone	Email
Family Member 3	Work/School Phone Number	Cell Phone	Email
Family Member 4	Work/School Phone Number	Cell Phone	Email
Family Member 5	Work/School Phone Number	Cell Phone	Email

Work Location 1

Who: _____

Address: _____

Phone: _____

Evacuation Location: _____

School Location 1

Who: _____

Address: _____

Phone: _____

Evacuation Location: _____

Work Location 2

Who: _____

Address: _____

Phone: _____

Evacuation Location: _____

School Location 2

Who: _____

Address: _____

Phone: _____

Evacuation Location: _____

Work Location 3

Who: _____

Address: _____

School Location 3

Who: _____

Address: _____

Phone: _____

Phone: _____

Evacuation Location: _____

Evacuation Location: _____

Family Emergency Contacts

Out-of-State Family Contact Day Phone Cell Phone

Address Email

Out-of-State Family Contact Day Phone Cell Phone

Address Email

Family Emergency Meeting Place

Outside of your home:

Address Phone

Outside of your neighborhood:

Address Phone

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

Dial 911 in Emergencies

Family Disaster Plan	
Emergency Meeting Place _____	<small>outside your home</small>
Meeting Place _____	Phone _____ <small>outside your neighborhood</small>
Address _____ _____	
Family Contact _____	<small>(name)</small>
Phone () _____	Phone () _____ <small>day evening</small>

Checklist of Important Documents:

Photo IDs, passports, and social security cards (if applicable)

Will, contracts, deeds, stocks and bonds

Insurance policies

Bank account numbers

Photocopies of credit and identification cards

Inventory of valuable household goods

Family records (birth, marriage, death certificates)

Medications

Immunization records

Important phone numbers

Financial emergency plan