

Family Emergency Plan



Your family may not be together when disaster strikes, so plan what you will do in different situations and plan how you will contact one another.

Evacuation Plan

Where the family will meet near home:

Location: _____

Phone (if any): _____

Alternate plan if access is blocked:

Location: _____

Phone (if any): _____

Communication Plan

- Fill in the information below. Add other important information to suit your family's circumstances.
- Keep this plan with your emergency supplies kit, along with your command's standard and emergency muster procedures.
- File a copy of emergency contact information with the command ombudsman and the command to be opened only in case of emergency.
- Make sure every family member has the most important contact information on a current Emergency Contact Card.

Where the family spends time

Home:

Address: _____

Phone: _____

Evacuation Location: _____

School:

Address: _____

Phone: _____

Evacuation Location: _____

Work:

Address: _____

Phone: _____

Evacuation Location: _____

School:

Address: _____

Phone: _____

Evacuation Location: _____

Work:

Address: _____

Phone: _____

Evacuation Location: _____

Other:

Address: _____

Phone: _____

Evacuation Location: _____

Contact information

Out-of-Town Contact: _____

E-Mail: _____

Quarterdeck Phone: _____

Command Duty Officer (CDO): _____

Navy-Wide Emergency Call Center phone: 1-877-414-5358 (TDD number: 1-866-297-1971)

Phone: _____

Alternate Phone Number: _____

Admin Office: _____

Ombudsman: _____

Family members

Name: _____ Birth Date: _____ Social Security #: _____

Drivers License #: _____ Passport #: _____

Prescriptions/Medical Information: _____

Name: _____ Birth Date: _____ Social Security #: _____

Drivers License #: _____ Passport #: _____

Prescriptions/Medical Information: _____

Name: _____ Birth Date: _____ Social Security #: _____

Drivers License #: _____ Passport #: _____

Prescriptions/Medical Information: _____

Name: _____ Birth Date: _____ Social Security #: _____

Drivers License #: _____ Passport #: _____

Prescriptions/Medical Information: _____

Name: _____ Birth Date: _____ Social Security #: _____

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Prescriptions/Medical Information: _____

Name: _____ Birth Date: _____ Social Security #: _____

Drivers License #: _____ Passport #: _____

Prescriptions/Medical Information: _____



Family Emergency Plan

Fill out these cards and give one to each member of your family to make sure they know who to call and where to meet in case of an emergency. Use this card for any additional information needed to supplement the primary and alternate command points of contact provided on Navy-issued wallet cards.

ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:

Family Emergency Plan

EMERGENCY CONTACT NAME: _____
TELEPHONE: _____

OUT-OF-TOWN CONTACT NAME: _____
TELEPHONE: _____

NEIGHBORHOOD MEETING PLACE: _____
TELEPHONE: _____

OTHER IMPORTANT INFORMATION: _____

DIAL 911 OR YOUR LOCAL EMERGENCY NUMBER

< FOLD HERE >

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