

.....  
*Write your family's name above*

**Family Emergency Communication Plan**

**HOUSEHOLD INFORMATION**

Home #: .....

Address: .....

Name: ..... Mobile #: .....

Other # or social media: ..... Email: .....

Important medical or other information: .....

Name: ..... Mobile #: .....

Other # or social media: ..... Email: .....

Important medical or other information: .....

Name: ..... Mobile #: .....

Other # or social media: ..... Email: .....

Important medical or other information: .....

Name: ..... Mobile #: .....

Other # or social media: ..... Email: .....

Important medical or other information: .....

**SCHOOL, CHILDCARE, CAREGIVER, AND WORKPLACE EMERGENCY PLANS**

Name: .....

Address: .....

Emergency/Hotline #: ..... Website: .....

Emergency Plan/Pick-Up: .....

Name: .....

Address: .....

Emergency/Hotline #: ..... Website: .....

Emergency Plan/Pick-Up: .....

Name: .....

Address: .....

Emergency/Hotline #: ..... Website: .....

Emergency Plan/Pick-Up: .....

Name: .....

Address: .....

Emergency/Hotline #: ..... Website: .....

Emergency Plan/Pick-Up: .....



**FEMA**

**NATIONAL STRATEGY**  
for

**YOUTH PREPAREDNESS EDUCATION**

**IN CASE OF EMERGENCY (ICE) CONTACT**

Name: ..... Mobile #: .....

Home #: ..... Email: .....

Address: .....

**OUT-OF-TOWN CONTACT**

Name: ..... Mobile #: .....

Home #: ..... Email: .....

Address: .....

**EMERGENCY MEETING PLACES**

Indoor: .....

Instructions: .....

.....

Neighborhood: .....

Instructions: .....

.....

Out-of-Neighborhood: .....

Address: .....

Instructions: .....

.....

Out-of-Town: .....

Address: .....

Instructions: .....

.....

**IMPORTANT NUMBERS OR INFORMATION**

Police: ..... Dial 911 or #: .....

Fire: ..... Dial 911 or #: .....

Poison Control: ..... #: .....

Doctor: ..... #: .....

Doctor: ..... #: .....

Pediatrician: ..... #: .....

Dentist: ..... #: .....

Medical Insurance: ..... #: .....

Policy #: .....

Medical Insurance: ..... #: .....

Policy #: .....

Hospital/Clinic: ..... #: .....

Pharmacy: ..... #: .....

Homeowner/Rental Insurance: ..... #: .....

Policy #: .....

Flood Insurance: ..... #: .....

Policy #: .....

Veterinarian: ..... #: .....

Kennel: ..... #: .....

Electric Company: ..... #: .....

Gas Company: ..... #: .....

Water Company: ..... #: .....

Alternate/Accessible Transportation: ..... #: .....

Other: .....

Other: .....

LEARN MORE AT  
**ready.gov/prepare**

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