

Family Emergency Plan





Prepare. Plan. Stay Informed.

Make sure your family has a plan in case of an emergency. Before an emergency happens, sit down together and decide how you wil 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.

Neighborhood Meeting Place:	Phone:		
Out-of-Neighborhood Meeting Place:	Phone:		
Out-of-Town Meeting Place:	Phone:		
Fill out the following information for each family m	ember 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:		
Name:	Social Security Number:		
Date of Birth:	Important Medical Information:		
Work Location One Address: Phone:	mergency plans that you and your family need to know about. School Location One Address: Phone:		
Evacuation Location:	Evacuation Location:		
Work Location Two Address:	School Location Two Address:		
Phone:	Phone:		
Evacuation Location:	Evacuation Location:		
Work Location Three Address:	School Location Three Address:		
Phone:	Phone:		
Evacuation Location:	Evacuation Location:		
Other place you frequent Address:	Other place you frequent Address:		
Phone:	Phone:		
Evacuation Location:	Evacuation Location:		
Name	Telephone Number Policy Number		
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Name	Telephone Number	Policy Number



Ready Family Emergency Plan

FEMA



DIAL 911 FOR EMERGENCIES

Prepare. Plan. Stay Informed.			
Make sure your family has a plan in case of an eyour family to make sure they know who to call			each member o
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Family Emergency Plan EMERGENCY CONTACT NAME:	1	Family Emergency Plan EMERGENCY CONTACT NAME:	_h ð ÝÍ Í
TELEPHONE: OUT-OF-TOWN CONTACT NAME: TELEPHONE:	i	TELEPHONE: OUT-OF-TOWN CONTACT NAME: TELEPHONE:	
NEIGHBORHOOD MEETING PLACE: TELEPHONE:	·	NEIGHBORHOOD MEETING PLACE: TELEPHONE:	
OTHER IMPORTANT INFORMATION: Ready	· i	OTHER IMPORTANT INFORMATION:	Ready
DIAL 911 FOR EMERGENCIES		DIAL 911 FOR EMERGENCIES	
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OUT-OF-TOWN CONTACT NAME: TELEPHONE:	i	OUT-OF-TOWN CONTACT NAME: TELEPHONE:	
NEIGHBORHOOD MEETING PLACE: TELEPHONE:	Ī	NEIGHBORHOOD MEETING PLACE: TELEPHONE:	
OTHER IMPORTANT INFORMATION:	•	OTHER IMPORTANT INFORMATION:	