Family Communication Plan

Pharmacist:
Medical Insurance:

Homeowners/Rental Insurance: Veterinarian/Kennel (for pets):

Make sure your family has a plan in case of an emergency. Before an emergency happens, 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. 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.

Out-of-Town Contact Name:		Telephone Number:			
Email:					
Neighborhood Meeting Place:		Telepl	hone Number:		
Regional Meeting Place:		Telepl	hone Number:		
Evacuation Location:		Telepl	hone Number:		
Fill out the following information for each famil	y member and keep it	up to	date.		
Name:		Socia	Security Number:		
Date of Birth:			tant Medical Information:		
Name:		Socia	Security Number:		
Date of Birth:			tant Medical Information:		
Name:		Socia	Security Number:		
Date of Birth:			tant Medical Information:		
Name:		Socia	Security Number:		
Date of Birth:			tant Medical Information:		
Name:		Socia	Security Number:		
Date of Birth:			tant Medical Information:		
Name:		Socia	Security Number:		
Date of Birth:			tant Medical Information:		
Write down where your family spends the most time apartment buildings should all have site-specific eme Work Location One Address:		nd you	r family need to know about ol Location One		
Phone Number:		Phone	e Number:		
Evacuation Location:		Evacu	ation Location:		
Work Location Two Address:		Scho Addre	ol Location Two		
Phone Number:		Phone	e Number:		
Evacuation Location:		Evacu	ation Location:		
Work Location Three Address:		Scho Addre	ol Location Three		
Phone Number:		Phone	e Number:		
Evacuation Location:		Evacuation Location:			
Other place you frequent Address:		Othe Addre	r place you frequent		
Phone Number:			e Number:		
Evacuation Location:		Evacu	ation Location:		
Important Information	Name		Telephone Number	Policy Number	
Doctor(s):					
Other:					

Dial 911 for Emergencies

Family Communication

Family Communication Plan

Make sure your family has a plan in case of an emergency. 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.

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ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:	<pre>FOLD ></pre>	ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:
Family Emergency Plan	HERE /	Family Emergency Plan
EMERGENCY CONTACT NAME: TELEPHONE:		EMERGENCY CONTACT NAME: TELEPHONE:
OUT-OF-TOWN CONTACT NAME: TELEPHONE:		OUT-OF-TOWN CONTACT NAME: TELEPHONE:
NEIGHBORHOOD MEETING PLACE: TELEPHONE:		NEIGHBORHOOD MEETING PLACE: TELEPHONE:
OTHER IMPORTANT INFORMATION:		OTHER IMPORTANT INFORMATION:
DIAL 911 FOR EMERGENCIES		DIAL 911 FOR EMERGENCIES
	90 99	
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	•	
ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:	- < FOLD > -	ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:
Family Emergency Plan		Family Emergency Plan
EMERGENCY CONTACT NAME: TELEPHONE:		EMERGENCY CONTACT NAME: TELEPHONE:
OUT-OF-TOWN CONTACT NAME: TELEPHONE:		OUT-OF-TOWN CONTACT NAME: TELEPHONE:
NEIGHBORHOOD MEETING PLACE: TELEPHONE:		NEIGHBORHOOD MEETING PLACE: TELEPHONE:
OTHER IMPORTANT INFORMATION:		OTHER IMPORTANT INFORMATION:
DIAL 911 FOR EMERGENCIES		DIAL 911 FOR EMERGENCIES