



HAVE A PLAN

# Family Emergency Plan



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 essentials kit or another safe place where you can access it in the event of a disaster.

Out-of-Town Contact Name: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_

Local Contact Name: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_

Neighborhood Meeting Place: \_\_\_\_\_  
Out-of-Town Meeting Place: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**Fill out the following information for each family member and keep it up to date.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Important Medical Information: \_\_\_\_\_

Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare providers, workplaces and apartment buildings should all have site-specific emergency plans that you and your family need to know about.

**Work Location One**

Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

**School Location One**

Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

**Work Location Two**

Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

**School Location Two**

Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

**Other place you frequent**

Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

**Other place you frequent**

Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

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

Dial 911 for Emergencies

**READY  
OR NOT?**

**HAVE A PLAN**



# Emergency Wallet Cards



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.

Additional information area with a dashed border and a 'READY OR NOT? HAVE A PLAN' stamp.

**Family Emergency Plan** 

NEIGHBORHOOD EMERGENCY CONTACT:  
PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

NEIGHBORHOOD MEETING PLACE:  
PHONE: \_\_\_\_\_

OUT-OF-TOWN EMERGENCY CONTACT:  
PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

OUT-OF-TOWN MEETING PLACE:  
PHONE: \_\_\_\_\_

DIAL 911 FOR EMERGENCIES VISIT [TEXASPREPARES.ORG](http://TEXASPREPARES.ORG)

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Additional information area with a dashed border and a 'READY OR NOT? HAVE A PLAN' stamp.

**Family Emergency Plan** 

NEIGHBORHOOD EMERGENCY CONTACT:  
PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

NEIGHBORHOOD MEETING PLACE:  
PHONE: \_\_\_\_\_

OUT-OF-TOWN EMERGENCY CONTACT:  
PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

OUT-OF-TOWN MEETING PLACE:  
PHONE: \_\_\_\_\_

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**Family Emergency Plan** 

NEIGHBORHOOD EMERGENCY CONTACT:  
PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

NEIGHBORHOOD MEETING PLACE:  
PHONE: \_\_\_\_\_

OUT-OF-TOWN EMERGENCY CONTACT:  
PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

OUT-OF-TOWN MEETING PLACE:  
PHONE: \_\_\_\_\_

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**Family Emergency Plan** 

NEIGHBORHOOD EMERGENCY CONTACT:  
PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

NEIGHBORHOOD MEETING PLACE:  
PHONE: \_\_\_\_\_

OUT-OF-TOWN EMERGENCY CONTACT:  
PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

OUT-OF-TOWN MEETING PLACE:  
PHONE: \_\_\_\_\_

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