

Out-of-Town Contact Name:

E-mail:

## 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.

Telephone Number:

Cell Phone Number:

Local Contact Name:		Telephone Number:		
E-mail		Cell Phone Number:		
Neighborhood Meeting Place:		Telephone Number:		
Out-of-Town Meeting Place:		Telephone Number:		
E:114 4b - 6-11	:			
Fill out the following informati		nber 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	School Location One
Address:	Address:
Phone Number:	Phone Number:
Evacuation Location:	Evacuation Location:
Work Location Two	School Location Two
Address:	Address:
Phone Number:	Phone Number:
Evacuation Location:	Evacuation Location:
Other place you frequent	Other place you frequent
Address:	Address:
Phone Number:	Phone Number:
Evacuation Location:	Evacuation Location:

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

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