

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. The information below will help you fill out your Family Emergency Plan on the next page.



### Out-of-Town Contact

Choose someone to call if your family is separated in an emergency. Learn their phone number, and know when to call them. Tell your contact where you are so your family can find you right away.



### Family Meeting Place

Choose a meeting place right outside your home in case of a sudden emergency, like a fire. Disasters can also happen when your family is not together. Choose a regional meeting place outside your neighborhood in case you cannot go home.



### Disaster Supply Kit

Your family should have a Disaster Supply Kit to take with you in a hurry. Start by creating your Family Emergency Plan. Then collect basic supplies, (food, water, and first aid kit) to last your family at least 3 days. Don't forget important papers and supplies for your pet.



### Personal Medical Info

Write down any medical information about each family member such as medications, allergies, or ongoing health problems. This information could save their life in an emergency.



### Medical Providers

Collect the names and phone numbers of any doctors, dentists, pharmacies, or veterinarians that your family uses.



### Personal Information

The names, birth dates, and social security numbers of each family member are important to have in case of emergency.



### Medical Supplies

Make sure you have medical supplies such as oxygen tanks, extra batteries for wheelchairs, and, of course, medication for any family member who may need it.



### School Information

Include the names, addresses, and phone numbers of schools or daycare providers where some of your family might be.



### Work Information

Include the names, addresses, and phone numbers of the businesses where any family member might work.



### Insurance Policy Information

Health insurance, homeowners or renters insurance, and car insurance policy information might all be important to have in an emergency.

**Hey, kids, get together with your family to make your emergency plan today!**



Fill out the information form below with your family. Keep this form with your Disaster Supply Kit or another safe place where you can access it in the event of an emergency.

Neighborhood Meeting Place \_\_\_\_\_

Regional Meeting Place \_\_\_\_\_  
 Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Out of Town Contact \_\_\_\_\_  
 Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Family Member \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medical Information \_\_\_\_\_

Family Member \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

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Family Member \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medical Information \_\_\_\_\_

Write down where your family spends most of their time: work places, school, daycare, parks, shopping malls. You should have an emergency plan for when family members are at any of these locations.

Location 1 \_\_\_\_\_ Address \_\_\_\_\_  
 Phone # \_\_\_\_\_ Evacuation place \_\_\_\_\_

Location 2 \_\_\_\_\_ Address \_\_\_\_\_  
 Phone # \_\_\_\_\_ Evacuation place \_\_\_\_\_

Important Information	Name	Phone Number	Other Information
Doctor			
Pharmacy			
Vet/Kennel for Pets			
Home Insurance			
Other			

Fill out these cards, cut them out, and give one to each family member to make sure they know who to call and where to meet in case of an emergency. Make additional copies of this page if necessary so all family members have a copy to put in their wallet, purse, or backpack.

## FAMILY EMERGENCY PLAN

## OTHER IMPORTANT INFORMATION

Emergency Contact \_\_\_\_\_  
Phone # \_\_\_\_\_  
Out of Town Contact \_\_\_\_\_  
Phone # \_\_\_\_\_  
Neighborhood Meeting Place \_\_\_\_\_  
Regional Meeting Place \_\_\_\_\_  
Phone # \_\_\_\_\_

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