

Make sure your family has a plan in case of an emergency. Sit down together and discuss what kinds of emergencies can happen where you live. Decide how you will get in contact with each other, where you will meet 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. Share this information with your emergency contacts.

**OUR FAMILY EMERGENCY PLAN**

1.

\_\_\_\_\_  
**Family Member's Whole Name**

\_\_\_\_\_  
 Relationship (Mother, Father, Son, Daughter, etc.)

\_\_\_\_\_  
 Home Address

\_\_\_\_\_  
 Daytime Phone      Cell Phone

\_\_\_\_\_  
 Daytime Address (Work, School, Daycare etc)

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Medications/ Medical Information/Allergies

2.

\_\_\_\_\_  
**Family Member's Whole Name**

\_\_\_\_\_  
 Relationship (Mother, Father, Son, Daughter, etc.)

\_\_\_\_\_  
 Home Address

\_\_\_\_\_  
 Daytime Phone      Cell Phone

\_\_\_\_\_  
 Daytime Address (Work, School, Daycare etc)

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Medications/ Medical Information/Allergies

3.

\_\_\_\_\_  
**Family Member's Whole Name**

\_\_\_\_\_  
 Relationship (Mother, Father, Son, Daughter, etc.)

\_\_\_\_\_  
 Home Address

\_\_\_\_\_  
 Daytime Phone      Cell Phone

\_\_\_\_\_  
 Daytime Address (Work, School, Daycare etc)

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Medications/ Medical Information/Allergies

4.

\_\_\_\_\_  
**Family Member's Whole Name**

\_\_\_\_\_  
 Relationship (Mother, Father, Son, Daughter, etc.)

\_\_\_\_\_  
 Home Address

\_\_\_\_\_  
 Daytime Phone      Cell Phone

\_\_\_\_\_  
 Daytime Address (Work, School, Daycare etc)

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Medications/ Medical Information/Allergies

Make additional copies of this page if you have more than four family members in your household.

Your Family's Last Name

**Emergency Contacts**

Choose one local and one out-of-town contact that can help you connect with your family during an emergency.

**1. Local Contact**

\_\_\_\_\_  
**Contact's Full Name**

\_\_\_\_\_  
 Home Address

\_\_\_\_\_  
 Home Phone      Cell Phone      Work Phone

**2. Out-of-Town Contact**

\_\_\_\_\_  
**Contact's Full Name**

\_\_\_\_\_  
 Home Address

\_\_\_\_\_  
 Home Phone      Cell Phone      Work Phone

**Emergency Meeting Place**

Choose one neighborhood and one in town meeting location. These will help you re-connect in emergencies. Children should stay at school or daycare if possible and not try to go to the emergency meeting place alone.

**1. Neighborhood Meeting Place**

\_\_\_\_\_  
**Name/Description of Location (oak tree, neighbor's house)**

\_\_\_\_\_  
 Address      Phone Number

**2. In Town Meeting Place**

\_\_\_\_\_  
**Name of Location**

\_\_\_\_\_  
 Address      Phone Number

**Other Important Information****1. Primary Physician**

\_\_\_\_\_  
**Physician's Name / Name of Practice**

\_\_\_\_\_  
 Phone Number

**2. Pediatrician**

\_\_\_\_\_  
**Pediatrician's Name**

\_\_\_\_\_  
 Phone Number

**3. Pharmacist**

\_\_\_\_\_  
**Pharmacist's Name / Name of Pharmacy**

\_\_\_\_\_  
 Phone Number

**4. Veterinarian**

\_\_\_\_\_  
**Veterinarian's Name / Name of Practice/Kennel**

\_\_\_\_\_  
 Phone Number

**5. Home Owners / Renters Insurance**

\_\_\_\_\_  
**Home Owners / Renters Insurance Company Name**

\_\_\_\_\_  
 Phone Number      Policy Number

**6. Health Insurance**

\_\_\_\_\_  
**Health Insurance Provider**

\_\_\_\_\_  
 Phone Number      Policy Number

The information in your emergency plan may change, so be sure to update it on a regular basis! Remind yourself to do this check by performing it at the same time each year; for instance, when you change your clocks, check your smoke detectors and your emergency plan. Consider keeping bank account information on a separate piece of paper in your kit too! That way it is secure, but you have access to it during an emergency.