

ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:

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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 1:**  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Evacuation Location: \_\_\_\_\_

**Work Location 2:**  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Evacuation Location: \_\_\_\_\_

**Work Location 3:**  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Evacuation Location: \_\_\_\_\_

**Other Place Frequented:**  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Evacuation Location: \_\_\_\_\_

Important Information:	Phone #	Policy#
Doctor(s):		
Pharmacist:		
Medical Ins:		
Homeowners/Rental Ins:		
Vet/ Kennel (for pets):		
Other:		


**School Location 1:**  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Evacuation Location: \_\_\_\_\_

**School Location 2:**  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Evacuation Location: \_\_\_\_\_


**School Location 3:**  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Evacuation Location: \_\_\_\_\_

**Other Place Frequented:**  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Evacuation Location: \_\_\_\_\_

**Dial 911 for Emergencies**

  
**Ready**  
 Prepare. Plan. Stay Informed.®

# Family Emergency Plan



## FEMA

www.ready.gov

Through its *Ready* Campaign, the U.S. Department of Homeland Security educates and empowers Americans to take some simple steps to prepare for and respond to potential emergencies, including natural disasters and terrorist attacks. *Ready* asks individuals to do three key things: get an emergency supply kit, make a family emergency plan, and be informed about the different types of emergencies that could occur and their appropriate responses.

**All Americans should have a plan in case of an emergency.**

Before an emergency happens, be sure to sit down with your family 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. Cut out the cards and keep them in a readily accessible place such as a wallet or backpack.



**FEMA**

**Ready**

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# Family Emergency Plan



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

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

Regional Meeting Place: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

Telephone #: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

S.S.#: \_\_\_\_\_

Important Medical Info: \_\_\_\_\_

Name: \_\_\_\_\_

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

S.S.#: \_\_\_\_\_

Important Medical Info: \_\_\_\_\_

Name: \_\_\_\_\_

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

S.S.#: \_\_\_\_\_

Important Medical Info: \_\_\_\_\_

Name: \_\_\_\_\_

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

S.S.#: \_\_\_\_\_

Important Medical Info: \_\_\_\_\_

Name: \_\_\_\_\_

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

S.S.#: \_\_\_\_\_

Important Medical Info: \_\_\_\_\_

**Family Emergency Plan**

EMERGENCY CONTACT NAME: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_

OUT-OF-TOWN CONTACT NAME: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_

NEIGHBORHOOD MEETING PLACE: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_

OTHER IMPORTANT INFORMATION: \_\_\_\_\_

DIAL 911 FOR EMERGENCIES

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**Family Emergency Plan**

EMERGENCY CONTACT NAME: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_

OUT-OF-TOWN CONTACT NAME: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_

NEIGHBORHOOD MEETING PLACE: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_

OTHER IMPORTANT INFORMATION: \_\_\_\_\_

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**Family Emergency Plan**

EMERGENCY CONTACT NAME: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_

OUT-OF-TOWN CONTACT NAME: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_

NEIGHBORHOOD MEETING PLACE: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_

OTHER IMPORTANT INFORMATION: \_\_\_\_\_

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EMERGENCY CONTACT NAME: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_

OUT-OF-TOWN CONTACT NAME: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_

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