



# Family Emergency Communication Plan

**In-Town** Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Out –of-Town** Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Important Medical Information: \_\_\_\_\_



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

Important Medical Information: \_\_\_\_\_

**Where to go in an emergency.** Write down where your family spends the most time: work, school and other places you frequent.

**Home**

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

**Work**

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Work**

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Day Care**

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**School**

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**School**

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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



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### School

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Recreation Center

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Other Places Your Family Frequent

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Other Places Your Family Frequent

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Make a note of important contacts, phone numbers and policy numbers.

Important Contacts	Name	Phone #	Policy #
Doctor			
Doctor			
Pharmacist			
Medical Insurance			
Homeowners/Renters Insurance			
Veterinarian/Kennel			
Other			



Other			
Other			

**If you have a special circumstance or special need, you may need to take additional steps to protect yourself and your household in an emergency. If you know of friends or neighbors with special needs, help them with extra precautions also.**

- Individuals who are deaf or hard of hearing may need to make special arrangements to receive a warning.
- Those with mobility impairments may need assistance getting to shelter.
- Households with a single working parent may need help from others both in planning for disasters and during an emergency. (*Who can help?*)
- Non-English speaking individuals may need assistance planning for and responding to emergencies. (*Who can help?*)
- Community and cultural groups may be able to help keep individuals informed.
- People without vehicles may need to make arrangements for transportation.
- People with special dietary needs should have an adequate emergency food supply.



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