

Family Emergency Plan





Prepare. Plan. Stay Informed.

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 supply kit or another safe place where you can access it in the event of a disaster.

Neighborhood Meeting Place:	Phone:	Phone:	
Out-of-Neighborhood Meeting Place:	Phone:		
Out-of-Town Meeting Place:	Phone:		
Fill out the following information for each family m	nember and keep it up to date.		
Name:	Social Security No	ımber:	
Date of Birth:	Important Medica		
Name:	Social Security No	umbor	
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Name: Date of Birth:	Social Security No Important Medica		
apartment buildings should all have site-specific emerge Work Location One Address:	sncy plans that you and your family nee School Location Address:		
Phone:	Phone:		
Evacuation Location:	Evacuation Locat	Evacuation Location:	
Work Location Two Address:	School Location Address:	Two	
Phone:	Phone:		
Evacuation Location:	Evacuation Locat	ion:	
Work Location Three Address:	School Location Address:	Three	
Phone:	Phone:		
Evacuation Location:	Evacuation Locat	Evacuation Location:	
Other place you frequent Address:	Other place you Address:	Other place you frequent Address:	
Phone:	Phone:		
Evacuation Location:	Evacuation Locat	ion:	
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Name	Telephone Number	Policy Number	

Name	Telephone Number	Policy Number



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to make sure they know who to can and where to i	neet in case of ar	remergency.		
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EMERGENCY CONTACT NAME: TELEPHONE:		EMERGENCY CONTACT NAME: TELEPHONE:		
OUT-OF-TOWN CONTACT NAME: TELEPHONE:		OUT-OF-TOWN CONTACT NAME: TELEPHONE:		
NEIGHBORHOOD MEETING PLACE: TELEPHONE:	_ [NEIGHBORHOOD MEETING PLACE: TELEPHONE:		
OTHER IMPORTANT INFORMATION:		OTHER IMPORTANT INFORMATION:	-	
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OTHER IMPORTANT INFORMATION:		OTHER IMPORTANT INFORMATION:	- <i>I</i>	
Ready.			Ready _®	