



FAMILY COMMUNICATION PLAN

Fill out this form, take a picture of it with your phone and place it where it can easily be found by everyone in your household. Copy the form and keep it in your emergency supply kits. This will allow all family members to have access to this key information in case you get separated.
Learn more at ready.gov/prepare

WHEN WE HAVE TO EVACUATE, WE WILL MEET AT:

OUR LOCAL EMERGENCY CONTACT PERSON IS:

Name:

Address:

Phone:

Email:

Social Media:

OUR OUT-OF-AREA EMERGENCY CONTACT PERSON IS:

Name:

Relationship:

Phone:

Email:

OTHER IMPORTANT CONTACTS/PHONE NUMBERS:

Emergency 9-1-1

Local Fire Department:

Local Police:

Poison Control:

Hospital/Clinic:

Doctor:

Pediatrician:

Dentist:

Pharmacy:

Medical Insurance:

Other:

Homeowners Insurance:

Auto Insurance:

Other:

Veterinarian:

Kennel:

Electric Company:

Gas Company:

Water Company:

Alternate Transportation:

Other:

Other:

OUR 2 EVACUATION ROUTES ARE:

OTHER EMERGENCY MEETING PLACES

Indoor:

Instructions:

Neighborhood:

Instructions:

Out-of-Neighborhood:

Address:

Instructions:

Out-of-Town:

Address:

Instructions:

HOUSEHOLD INFORMATION

Home Address:

Number of people in household:

Family Member Name:

Phone:

Email:

Social Media:

Medical Information:

Family Member Name:

Phone:

Email:

Social Media:

Medical Information:

Family Member Name:

Phone:

Email:

Social Media:

Medical Information:

Family Member Name:

Phone:

Email:

Social Media:

Medical Information:

SCHOOL/CHILDCARE/CAREGIVER & WORKPLACE EMERGENCY PLANS

Name:

For Household member:

Address:

Website:

Phone:

Email:

Emergency Plan/Pick-Up:

Name:

For Household member:

Address:

Website:

Phone:

Email:

Emergency Plan/Pick-Up:

Name:

For Household member:

Address:

Website:

Phone:

Email:

Emergency Plan/Pick-Up:

Name:

For Household member:

Address:

Website:

Phone:

Email:

Emergency Plan/Pick-Up: