## **Family Emergency Plan**

Prescriptions/Medical Information:\_\_\_\_\_

Prescriptions/Medical Information:\_\_\_\_\_

Prescriptions/Medical Information:\_\_\_\_\_

Drivers License #:\_\_\_\_\_

Drivers License #:\_

Name:\_



\_\_\_\_\_Social Security #:\_\_\_\_\_

Your family may not be together when disaster strikes, so plan what you will do in different situations and plan how you will contact one another.

how you will contact one another.			
Evacuation Plan Where the family will meet near home:	Alternate p	lan if access is blocked:	
Location:			
Phone (if any):		ny):	
Communication Plan  •Fill in the information below. Add other importan  •Keep this plan with your emergency supplies kit,  •File a copy of emergency contact information with  •Make sure every family member has the most im	along with your command's star the command ombudsman and the	dard and emergency muster procedures. ne command to be opened only in case of emergency.	
Where the family spends time			
Home:	School:		
Address:	Address:	Address:	
Phone:			
Evacuation Location:			
Work:	School:		
Address:			
Phone:			
Evacuation Location:			
Work:	Other:		
Address:	Address:		
Phone:	Phone:		
Evacuation Location:	Evacuation		
Contact information			
Out-of-Town Contact:	Phone:		
E-Mail:			
Quarterdeck Phone:			
Command Duty Officer (CDO):		n:	
Navy-Wide Emergency Call Center phone: I-877-			
, , , , , , , , , , , , , , , , , , , ,		,	
Family members	- · · · -		
Name:		•	
Drivers License #:	•		
Prescriptions/Medical Information:			
Name:		Social Security #:	
Drivers License #:	•		
Prescriptions/Medical Information:			
Name:		Social Security #:	
Drivers License #:			
Prescriptions/Medical Information:			
Name:	Birth Date:	Social Security #:	
Drivers License #:		, , , , , , , , , , , , , , , , ,	

Birth Date:\_\_\_

\_\_\_\_\_\_Birth Date:\_\_\_\_\_\_Social Security #:\_\_\_\_\_

\_\_\_\_\_ Passport #:\_\_\_\_

\_\_\_\_\_ Passport #:\_\_\_\_\_

## Family Emergency Plan

Insurance policy numbers and o	
Medical/Dental:	
Homeowners/Renters: Automobile:	
Life:	
Provisions for Utilities	
· ,	er-in-place or evacuate, you may be advised to cut off ventilation systems or utilities. controls and any tools necessary to change them. (Like fire and evacuation plans, this ole family.)
Electricity:	
Gas:	
Water:	
Ventilation:	
Important Records	
•	ers to keep with your emergency supplies kit for ready access in case of evacuation.
Personal	Financial
☐ Military ID cards	☐ Bank/credit union statements
☐ Birth certificates	☐ Credit/debit card statements
Social Security cards	☐ Income records (including government benefits, child support, and alimony)
Passports	☐ Mortgage statement or lease
Citizenship papers	☐ Bills (electricity, gas, water)
☐ Marriage licenses, divorce records	Health insurance cards and records
☐ Vehicle registration/ownership records	☐ Other insurance records (auto/property/life)
☐ Medical records	☐ Tax returns, property tax statements
Power(s) of attorney (personal/property)	☐ Investment/retirement account records
☐Wills	
Other important inforn	mation





## Family Emergency Plan



Fill out these cards and give one to each member of your family to make sure they know who to call and where to meet in case of an emergency. Use this card for any additional information needed to supplement the primary and alternate command points of contact provided on Navy-issued wallet cards.

ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:	< FOLD >	ORTANT PHONE NUMBERS & INFORMATION:	DAMI JANOITIQDA
Family Emergency Plan	HERE	. , , , , , , , , , , , , , , , , , , ,	<b>, † † †</b> †
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:	
SATIONAL IMPORTATIONE SALABENCA WINERS & INFORMATION:	90 °	NOITAMAOHII & SABAMUN BNOH9 TUATAC	O'IMI JANOIIIQUA
	< FOLD >		
Family Emergency Plan	: :	Family Emergency Plan	<u> </u>
EMERGENCY CONTACT NAME: TELEPHONE:	; ;	EMERGENCY CONTACT NAME: TELEPHONE:	
OUT-OF-TOWN CONTACT NAME: TELEPHONE:	i i	OUT-OF-TOWN CONTACT NAME: TELEPHONE:	
NEIGHBORHOOD MEETING PLACE: TELEPHONE:	i i	NEIGHBORHOOD MEETING PLACE: TELEPHONE:	
OTHER IMPORTANT INFORMATION:	i i	OTHER IMPORTANT INFORMATION:	
DIAL 911 OR YOUR LOCAL EMERGENCY NUMBER	j	DIAL 911 OR YOUR LOCAL EMERGENCY NUMBER	