ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:		2 2 2 2 2 2 2 2 2 2 2	ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:
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ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:	

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.

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#### Work Location 1:

ddress:
hone #:
vacuation 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:
hone #:
vacuation 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

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# **Family Emergency** Plan



Homeland Security

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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.







#### 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.

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#### Name:

ate of Birth:	
.S.#:	
nportant 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:
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mportant Medical Info:

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Ready	DIAL 911 FOR EMERGENCIES	Ready	DIAL 911 FOR EMERGENCIES
	OTHER IMPORTANT INFORMATION:		OTHER IMPORTANT INFORMATION:
	NEIGHBORHOOD MEETING PLACE: TELEPHONE:		NEIGHBORHOOD MEETING PLACE: TELEPHONE:
	OUT-OF-TOWN CONTACT NAME: TELEPHONE:		OUT-OF-TOWN CONTACT NAME: TELEPHONE:
	EMERGENCY CONTACT NAME: TELEPHONE:		EMERGENCY CONTACT NAME: TELEPHONE:
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