



_____ 's Family Emergency Plan

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. Preparedness Empowers You. It saves lives, property, and time.

Evacuation Plan

Neighborhood Meeting Place: _____ Phone: _____
 Out of Neighborhood Meeting Place: _____ Phone: _____

Communication Plan

- Fill in the information below. Add other important information to suit your family's circumstances.
- Keep this plan with your emergency supplies kit, along with your command's standard and emergency muster procedures.
- File a copy of emergency contact information with the command ombudsman and the command to be opened only in case of emergency.
- Make sure every family member has the most important contact information on a current Emergency Contact Card.

Where the family spends time

Home: Address: _____ Phone: _____
 Evacuation Location: _____

School: Address: _____ Phone: _____
 Evacuation Location: _____

_____ 's Work: Address: _____ Phone: _____
 Evacuation Location: _____

School: Address: _____ Phone: _____
 Evacuation Location: _____

_____ 's Work: Address: _____ Phone: _____
 Evacuation Location: _____

Other place you frequent: Address: _____ Phone: _____
 Evacuation Location: _____

Contact information

Out-of-Town Contact: _____ Phone: _____
 E-Mail: _____ Alternate Phone Number: _____
 Quarterdeck Phone: _____ Admin Office: _____
 Command Duty Officer (CDO): _____ Ombudsman: _____

Navy-Wide Emergency Call Center phone: 1-877-414-5358 (TDD number: 1-866-297-1971)

Family members

Name: _____ Birth Date: _____ Social Security #: _____
 Drivers License #: _____ Passport #: _____
 Prescriptions/Medical Information: _____

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Family Emergency Plan



Family members - continued

Name: _____ Birth Date: _____ Social Security #: _____
 Drivers License #: _____ Passport #: _____
 Prescriptions/Medical Information: _____
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 Drivers License #: _____ Passport #: _____
 Prescriptions/Medical Information: _____

Important contacts and insurance policy numbers

Name	Phone	Policy#
Doctor(s): _____	_____	_____
Doctor(s): _____	_____	_____
Dentist: _____	_____	_____
Pharmacy: _____	_____	_____
Veterinarian/Kennel: _____	_____	_____
Medical Insurance: _____	_____	_____
Dental Insurance: _____	_____	_____
Homeowners/Renters Insurance: _____	_____	_____
Automobile Insurance: _____	_____	_____
Life Insurance: _____	_____	_____

Provisions for Utilities

In various emergency situations, whether you shelter-in-place or evacuate, you may be advised to cut off ventilation systems or utilities. Write the locations of, and instructions for, these controls and any tools necessary to change them. *(Like fire and evacuation plans, this is a good thing to review and practice with the whole family.)*

Electricity: _____
 Gas: _____
 Water: _____
 Ventilation: _____

Important Records

- Use these checklists to help collect important papers to keep with your emergency supplies kit for ready access in case of evacuation.
- | | |
|--|---|
| <p>Personal</p> <ul style="list-style-type: none"> <input type="checkbox"/> Military ID cards <input type="checkbox"/> Birth certificates/adoption records <input type="checkbox"/> Social Security cards <input type="checkbox"/> Passports <input type="checkbox"/> Citizenship papers <input type="checkbox"/> Marriage licenses, divorce records <input type="checkbox"/> Vehicle registration/ownership records <input type="checkbox"/> Medical records <input type="checkbox"/> Power(s) of attorney <i>(personal/property)</i> <input type="checkbox"/> Wills | <p>Financial</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bank/credit union statements <input type="checkbox"/> Credit/debit card statements <input type="checkbox"/> Income records <i>(including government benefits, child support, and alimony)</i> <input type="checkbox"/> Mortgage statement or lease <input type="checkbox"/> Bills <i>(electricity, gas, water)</i> <input type="checkbox"/> Health insurance cards and records <input type="checkbox"/> Other insurance records <i>(auto/property/life)</i> <input type="checkbox"/> Tax returns, property tax statements <input type="checkbox"/> Investment/retirement account records |
|--|---|

Other important information

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:



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< FOLD HERE >

Family Emergency Plan 

Emergency Contact Name: _____

Telephone: _____

Out-Of-Town Contact Name: _____

Telephone: _____


Neighborhood Meeting Place: _____

Telephone: _____

Out of Neighborhood Meeting Place: _____

Telephone: _____

DIAL 911 OR YOUR LOCAL EMERGENCY NUMBER

Family Emergency Plan 

Emergency Contact Name: _____

Telephone: _____

Out-Of-Town Contact Name: _____

Telephone: _____

Neighborhood Meeting Place: _____

Telephone: _____

Out of Neighborhood Meeting Place: _____

Telephone: _____


DIAL 911 OR YOUR LOCAL EMERGENCY NUMBER

Additional Important Phone Numbers & Information:



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DIAL 911 OR YOUR LOCAL EMERGENCY NUMBER