



Family Communications Plan

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

Out-of-State Contact Name _____ Phone () _____
E-mail _____ Phone () _____

Fill out the following information for each family member and keep it up to date.

Name _____ Date of Birth ____/____/____
 Important Medical Information _____ Social Security No. ____ - ____ - ____

Name _____ Date of Birth ____/____/____
 Important Medical Information _____ Social Security No. ____ - ____ - ____

Name _____ Date of Birth ____/____/____
 Important Medical Information _____ Social Security No. ____ - ____ - ____

Name _____ Date of Birth ____/____/____
 Important Medical Information _____ Social Security No. ____ - ____ - ____

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 Important Medical Information _____ Social Security No. ____ - ____ - ____

Name _____ Date of Birth ____/____/____
 Important Medical Information _____ Social Security No. ____ - ____ - ____

Where to go in an emergency. 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.

Home

Address _____
Phone () _____
Neighborhood Meeting Place _____
Regional Meeting Place _____

Work

Address _____
Phone () _____
Evacuation Location _____

School

Address _____
Phone () _____
Evacuation Location _____

Work

Address _____
Phone () _____
Evacuation Location _____

School

Address _____
Phone () _____
Evacuation Location _____

Other place you frequent

Address _____
Phone () _____
Evacuation Location _____

School

Address _____
Phone () _____
Evacuation Location _____

Other place you frequent

Address _____
Phone () _____
Evacuation Location _____

IMPORTANT INFORMATION	NAME	PHONE	POLICY #
Doctor(s)			
Other			
Pharmacist			
Medical Insurance			
Homeowners/Rental Insurance			
Veterinarian/Kennel (for pets)			