



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-Town Contact Name _____
Email: _____

Telephone Number: _____
Telephone Number: _____

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

Name: _____
Date of Birth: _____

Name: _____
Date of Birth: _____

Name: _____
Date of Birth: _____

Name: _____
Date of Birth: _____

Name: _____
Date of Birth: _____

Name: _____
Date of Birth: _____

Name: _____
Date of Birth: _____

Social Security Number: _____
Important Medical Information: _____

Social Security Number: _____
Important Medical Information: _____

Social Security Number: _____
Important Medical Information: _____

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Important Medical Information: _____

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Important Medical Information: _____

Social Security Number: _____
Important Medical Information: _____

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 Number: _____
Neighborhood Meeting Place: _____
Regional Meeting Place: _____

Work

Address: _____
Phone Number: _____
Evacuation Location: _____

School

Address: _____
Phone Number: _____
Evacuation Location: _____

Work

Address: _____
Phone Number: _____
Evacuation Location: _____

School

Address: _____
Phone Number: _____
Evacuation Location: _____

Other place you frequent:

Address: _____
Phone Number: _____
Evacuation Location: _____

School

Address: _____
Phone Number: _____
Evacuation Location: _____

Other place you frequent:

Address: _____
Phone Number: _____
Evacuation Location: _____

Important Information	Name	Telephone #	Policy #
Doctor(s):			
Other:			
Pharmacist:			
Medical Insurance:			
Homeowners/Rental Insurance:			
Veterinarian/Kennel (for pets):			

Other useful phone numbers: **9-1-1** for emergencies.

Police Non-Emergency Phone #: _____

Every family member should carry a copy of this important information:

Other Important Phone Numbers & Information:

 **Family Communications Plan**

Contact Name: _____
Telephone: _____

Out-of-Town Contact Name _____
Telephone: _____

Neighborhood Meeting Place: _____
Meeting Place Telephone: _____

Dial 9-1-1 for Emergencies!



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Other Important Phone Numbers & Information:

 **Family Communications Plan**

Contact Name: _____
Telephone: _____

Out-of-Town Contact Name _____
Telephone: _____

Neighborhood Meeting Place: _____
Meeting Place Telephone: _____

Dial 9-1-1 for Emergencies!



Other Important Phone Numbers & Information:

 **Family Communications Plan**

Contact Name: _____
Telephone: _____

Out-of-Town Contact Name _____
Telephone: _____


Neighborhood Meeting Place: _____
Meeting Place Telephone: _____

Dial 9-1-1 for Emergencies!



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Other Important Phone Numbers & Information:

 **Family Communications Plan**

Contact Name: _____
Telephone: _____

Out-of-Town Contact Name _____
Telephone: _____

Neighborhood Meeting Place: _____
Meeting Place Telephone: _____

Dial 9-1-1 for Emergencies!

