



Prepare. Plan. Stay Informed. ®



FEMA

Family Emergency Plan



Make sure your family has a plan in case of an emergency. Before an emergency happens, sit down together 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 where you can access it in the event of a disaster.

Out-of-Town Contact Name: _____

Email: _____

Neighborhood Meeting Place: _____

Regional Meeting Place: _____

Evacuation Location: _____

Telephone Number: _____

Telephone Number: _____

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: _____

Social Security Number: _____

Important Medical Information: _____

Social Security Number: _____

Important Medical Information: _____

Social Security Number: _____

Important Medical Information: _____

Social Security Number: _____

Important Medical Information: _____

Social Security Number: _____

Important Medical Information: _____

Social Security Number: _____

Important Medical 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.

Work Location One

Address: _____

Phone Number: _____

Evacuation Location: _____

School Location One

Address: _____

Phone Number: _____

Evacuation Location: _____

Work Location Two

Address: _____

Phone Number: _____

Evacuation Location: _____

School Location Two

Address: _____

Phone Number: _____

Evacuation Location: _____

Work Location Three

Address: _____

Phone Number: _____

Evacuation Location: _____

School Location Three

Address: _____

Phone Number: _____

Evacuation Location: _____

Other place you frequent

Address: _____

Phone Number: _____

Evacuation Location: _____

Other place you frequent

Address: _____

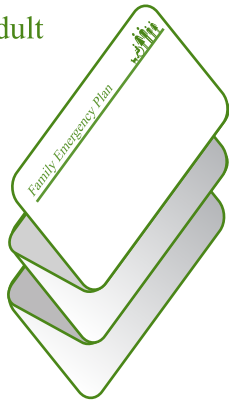
Phone Number: _____

Evacuation Location: _____

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

Dial 911 for Emergencies

Adult



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Family Emergency Plan



Name: _____ DOB: _____
Address 1: _____ State: _____ Zip: _____
Address 2: _____ State: _____ Zip: _____
Home Phone: _____ E-mail: _____
Cell Phone: _____ Other E-mail: _____

Special Needs, Medical Conditions, Allergies, Important Information:

Ready ✓

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Business Name: _____ **Work**
Address: _____ State: _____ Zip: _____
Office Phone: _____
Point of Contact or Special Instructions: _____

Work Emergency Plan:

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Name: _____ DOB: _____ Sex: _____ **Children**
Identifying Characteristics: _____
School/Daycare: _____ Address: _____
School Phone: _____ Cell Phone: _____
Name: _____ DOB: _____ Sex: _____
Identifying Characteristics: _____
School/Daycare: _____ Address: _____
School Phone: _____ Cell Phone: _____
Name: _____ DOB: _____ Sex: _____
Identifying Characteristics: _____
School/Daycare: _____ Address: _____
School Phone: _____ Cell Phone: _____

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Name: _____ **Neighborhood Emergency Meeting Place**
Address: _____ State: _____ Zip: _____ Phone: _____
Point of Contact or Special Instructions: _____

Name: _____ **Out of Neighborhood Emergency Meeting Place**
Address: _____ State: _____ Zip: _____ Phone: _____
Point of Contact or Special Instructions: _____

Name: _____ **Out of Town Emergency Meeting Place**
Address: _____ State: _____ Zip: _____ Phone: _____
Point of Contact or Special Instructions: _____

Important Numbers or Information
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

Name: _____ Type: _____ Age: _____ **Pets**
Name: _____ Type: _____ Age: _____
Veterinarian Phone: _____

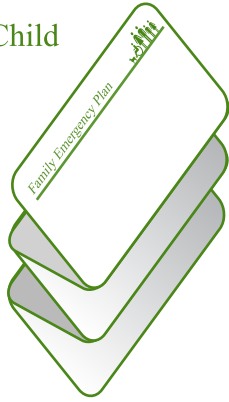
DIAL 911 FOR EMERGENCIES



Place additional
Information on the
reverse side as needed.

Ready ✓

Child



Family Emergency Plan



Personal ID

Name: _____ DOB: _____
Address 1: _____ State: _____ Zip: _____
Address 2: _____ State: _____ Zip: _____
Home Phone: _____ E-mail: _____
Cell Phone: _____ Other E-mail: _____

Special Needs, Medical Conditions, Allergies, Important Information:

Ready ✓

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School / Daycare

School Name: _____
Address: _____ State: _____ Zip: _____
Office Phone: _____
Point of Contact or Special Instructions: _____

School Emergency Plan: _____

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Parent / Guardian / Care Giver

Name: _____ Home Phone: _____
Address 1: _____ State: _____ Zip: _____
Address 2: _____ State: _____ Zip: _____
Work Phone: _____ E-mail: _____
Cell Phone: _____ Other E-mail: _____
Identifying Characteristics: _____

Name: _____ Home Phone: _____
Address 1: _____ State: _____ Zip: _____
Address 2: _____ State: _____ Zip: _____
Work Phone: _____ E-mail: _____
Cell Phone: _____ Other E-mail: _____
Identifying Characteristics: _____

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Neighborhood Emergency Meeting Place

Name: _____
Address: _____ State: _____ Zip: _____ Phone: _____
Point of Contact or Special Instructions: _____

Out of Neighborhood Emergency Meeting Place

Name: _____
Address: _____ State: _____ Zip: _____ Phone: _____
Point of Contact or Special Instructions: _____

Out of Town Emergency Meeting Place

Name: _____
Address: _____ State: _____ Zip: _____ Phone: _____
Point of Contact or Special Instructions: _____

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Important Numbers or Information

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

Name: _____ Type: _____ Age: _____ **Pets**
Name: _____ Type: _____ Age: _____
Veterinarian Phone: _____

DIAL 911 FOR EMERGENCIES



Place additional
Information on the
reverse side as needed.

Ready ✓



Prepare. Plan. Stay Informed.

Make sure your family has a plan in case of an emergency. 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.

ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:

Family Emergency Plan

EMERGENCY CONTACT NAME:
TELEPHONE:

OUT-OF-TOWN CONTACT NAME:
TELEPHONE:

NEIGHBORHOOD MEETING PLACE:
TELEPHONE:

OTHER IMPORTANT INFORMATION:

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DIAL 911 FOR EMERGENCIES

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ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:

Family Emergency Plan

EMERGENCY CONTACT NAME:
TELEPHONE:

OUT-OF-TOWN CONTACT NAME:
TELEPHONE:

NEIGHBORHOOD MEETING PLACE:
TELEPHONE:

OTHER IMPORTANT INFORMATION:

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ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:

Family Emergency Plan

EMERGENCY CONTACT NAME:
TELEPHONE:

OUT-OF-TOWN CONTACT NAME:
TELEPHONE:

NEIGHBORHOOD MEETING PLACE:
TELEPHONE:

OTHER IMPORTANT INFORMATION:

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ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:

Family Emergency Plan

EMERGENCY CONTACT NAME:
TELEPHONE:

OUT-OF-TOWN CONTACT NAME:
TELEPHONE:

NEIGHBORHOOD MEETING PLACE:
TELEPHONE:

OTHER IMPORTANT INFORMATION:

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DIAL 911 FOR EMERGENCIES



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Family Emergency Plan



ADDITIONAL FAMILY MEMBERS INFORMATION

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

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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: _____

Social Security Number: _____

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Social Security Number: _____

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