



Family Communications Plan _____

Date _____

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: _____ Phone No. _____
 Email: _____ Phone No. _____

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

Name: _____	SS Number: _____
Date of Birth: _____	Key Medical Information: _____
Name: _____	SS Number: _____
Date of Birth: _____	Key Medical Information: _____
Name: _____	SS Number: _____
Date of Birth: _____	Key Medical Information: _____
Name: _____	SS Number: _____
Date of Birth: _____	Key Medical Information: _____
Name: _____	SS Number: _____
Date of Birth: _____	Key Medical Information: _____
Name: _____	SS Number: _____
Date of Birth: _____	Key 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, office buildings and schools should have site-specific emergency plans.

Home	Employer
Address: _____	Address: _____
Phone No.: _____	Phone No. _____
Neighborhood Meeting Place: _____	Evacuation Location: _____
Regional Meeting Place: _____	

School Name	Employer
Address: _____	Address: _____
Phone No. _____	Phone No. _____
Evacuation Location: _____	Evacuation Location: _____

School Name	Other
Address: _____	Address: _____
Phone No. _____	Phone No. _____
Evacuation Location: _____	Evacuation Location: _____

School Name	Other
Address: _____	Address: _____
Phone No. _____	Phone No. _____
Evacuation Location: _____	Evacuation Location: _____

Important Information	Name	Phone No.	Policy No.
Doctor:			
Doctor:			
Doctor:			
Pharmacist:			
Day Care Provider:			
Veterinarian (small animal):			
Veterinarian (large animal):			
Kennel:			
Other:			
Landlord:			
Medical Insurance:			
Home/Rental Insurance:			