



# 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: \_\_\_\_\_

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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: \_\_\_\_\_  
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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:

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Contact Name: \_\_\_\_\_  
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Telephone: \_\_\_\_\_

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Meeting Place Telephone: \_\_\_\_\_

**Dial 9-1-1 for Emergencies!**

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Other Important Phone Numbers & Information:

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**Dial 9-1-1 for Emergencies!**