

Family Emergency Plan

Make a Plan: In case of an emergency keep a copy of this plan in your emergency kit or another safe place where your family can access it in the event of a disaster.

Family Meeting Places

In Town	Out of Town
Location:	Location:
Phone:	Phone:

Out-of-Area Contacts

Name:	Name:
Phone(s):	Phone(s):
Email:	Email:

Family Member Contact Information

Name:	Name:
Date of Birth:	Date of Birth:
Medical Information:	Medical Information:
School/Work Location:	School/Work Location:
Name:	Name:
Date of Birth:	Date of Birth:
Medical Information:	Medical Information:
School/Work Location:	School/Work Location:
Name:	Name:
Date of Birth:	Date of Birth:
Medical Information:	Medical Information:
School/Work Location:	School/Work Location:

Family Emergency Plan

Make a Plan: Remember to think about what happens if your family members are separated or unable to communicate with each other through traditional means.

Family Pets

Name:	Name:
Type:	Type:
Colour:	Colour:
Name:	Name:
Type:	Type:
Colour:	Colour:

Other Important Contacts

Name:	Name:
Phone(s):	Phone(s):
Email:	Email:

Action Plans

Our plan for persons with a disability or special needs is:	If instructed to Shelter-in-place, our safe room is:
What are the escape routes from our home?	The disasters most likely to affect our household are:
Individual Family member responsibilities are:	If at school/daycare, our child (ren) will be evacuated to: