



Our Family Emergency Plan

Family Information

Family Name: _____

Address: _____

Home Phone: _____

Date Updated: ____ / ____ / ____

Family Members

NAME	AGE	MEDICAL CONDITIONS	PHONE	EMAIL
NAME	AGE	MEDICAL CONDITIONS	PHONE	EMAIL
NAME	AGE	MEDICAL CONDITIONS	PHONE	EMAIL
NAME	AGE	MEDICAL CONDITIONS	PHONE	EMAIL
NAME	AGE	MEDICAL CONDITIONS	PHONE	EMAIL
NAME	AGE	MEDICAL CONDITIONS	PHONE	EMAIL

Pets

NAME	TYPE	DESCRIPTION	REGISTRATION #
NAME	TYPE	DESCRIPTION	REGISTRATION #

Emergency Contacts

NAME	RELATIONSHIP - LOCAL	PHONE	EMAIL
NAME	RELATIONSHIP - LOCAL	PHONE	EMAIL

It's important to identify a friend or family member outside of your immediate location to act as a point of contact in case of emergencies. During a disaster, it may be easier to make a long-distance phone call than a local one.

NAME	RELATIONSHIP - OUT OF STATE	PHONE	EMAIL
NAME	RELATIONSHIP - OUT OF STATE	PHONE	EMAIL

Medical Information

PHYSICIAN	PHONE	PHARMACY	PHONE	PEDIATRICIAN	PHONE
HEALTH INSURANCE			GROUP NUMBER		ID NUMBER
CLOSEST HOSPITAL		ADDRESS			PHONE

School/Child Care Info

CHILD'S NAME	ADDRESS	PHONE	EMAIL	TEACHER'S NAME
CHILD'S NAME	ADDRESS	PHONE	EMAIL	TEACHER'S NAME
CHILD'S NAME	ADDRESS	PHONE	EMAIL	TEACHER'S NAME
CHILD'S NAME	ADDRESS	PHONE	EMAIL	TEACHER'S NAME

Parent Work Info

PARENT'S NAME	ADDRESS	PHONE	EMAIL
PARENT'S NAME	ADDRESS	PHONE	EMAIL

Our Plan of Action

1. WHAT DISASTERS ARE MOST LIKELY TO AFFECT OUR HOUSEHOLD?

2. WHERE IS OUR DISASTER KIT LOCATED?

3. WHAT ARE THE ESCAPE ROUTES FROM OUR HOME?

4. IF WE ARE SEPARATED DURING AN EMERGENCY, WHAT IS OUR MEETING PLACE NEAR OUR HOME?

5. IF WE CANNOT RETURN HOME OR ARE EVACUATED, WHAT IS OUR MEETING PLACE OUTSIDE OF OUR NEIGHBORHOOD?

6. WHAT IS OUR ROUTE TO GET TO THE ABOVE-MENTIONED MEETING PLACE?

7. WHAT IS AN ALTERNATIVE ROUTE IF THE FIRST ONE CANNOT BE USED?

8. IF WE ARE DIRECTED TO "SHELTER IN PLACE" AT HOME, WHICH ROOM IS THE SAFEST FOR US TO GO TO?

Responsibility Assignments

NAME	Disaster Kit - Periodically check stock. Take if evacuation is necessary. Include items you might want to take to an evacuation shelter. Remember to include medications and eye glasses.
NAME	Keep Informed - Maintain access to NOAA or local radio, TV, and email or text alerts for important and current information about disasters.
NAME	Family Medical & Pet Information - Take all household medical info. Evacuate pet(s), keep a phone list of pet-friendly motels and animal shelters, and assemble and take the pet disaster kit.
NAME	Financial Information - Get copies of bank statements and cash in the event that credit cards/ATMs don't work due to power outages. Bring copies of utility bills as proof of residence in applying for assistance.
NAME	Sharing & Maintaining Plan - Share the completed plan with those who need to know. Meet with household members every six months or as needs change to update the household plan.

Additional Information

Congratulations! You've completed your family disaster plan! Be sure to tell your friends and family to do the same!
For more emergency quickguides and checklists, visit www.black Sentry.com