# Family Emergency Plan

Current as of (date): _____

<u>**IMPORTANT PHONE NUMBERS:**</u>

**Police/Sheriff Department:** _____  **Fire Department:** _____
Phone #: _____  Phone #: _____

**Poison Control:** 1-800-222-1222

**Family Doctor:** _____  **Family Doctor:** _____
Address: _____  Address: _____
City/ST/Zip: _____  City/ST/Zip: _____
Phone # _____  Phone #: _____

**Family Dentist:** _____  **Family Dentist:** _____
Address _____  Address: _____
City/ST/Zip: _____  City/ST/Zip: _____
Phone # _____  Phone #: _____

**Pharmacist:** _____  **Hospital/Clinic:** _____
Phone #: _____  Phone #: _____

**Medical Insurance:** _____  **Homeowners/Rental Insurance:** _____
Policy #: _____  Policy #: _____
Phone #: _____  Phone #: _____
E-mail:_____  E-mail: _____

**Veterinarian/Kennel:** _____
Address/City/ST/Zip (if applicable): _____
Phone #: _____

**Neighborhood meeting place:** _____
Address/City/ST/Zip (if applicable): _____
Phone # (if applicable):_____

**Area meeting place:** _____
Address/City/ST/Zip (if applicable): _____
Phone # (if applicable):_____

**Evacuation location:** _____
Address/City/ST/Zip (if applicable): _____
Phone #: _____

**Out-of-Town Contact:** _____
Phone #: _____
E-mail:_____

## FAMILY MEMBERS:

**Name:** _____  Social Security Number: _____

Date of birth: _____  Important medical information: _____

Work: _____  School: _____

Address: _____  Address: _____

City/ST/Zip: _____  City/ST/Zip: _____

Phone #: _____  Phone #: _____

Evacuation location: _____  Evacuation location:_____


**Name:** _____  Social Security Number: _____

Date of birth: _____  Important medical information: _____

Work: _____  School: _____

Address: _____  Address: _____

City/ST/Zip: _____  City/ST/Zip: _____

Phone #: _____  Phone #: _____

Evacuation location: _____  Evacuation location:_____


**Name:** _____  Social Security Number: _____

Date of birth: _____  Important medical information: _____

Work: _____  School: _____

Address: _____  Address: _____

City/ST/Zip: _____  City/ST/Zip: _____

Phone #: _____  Phone #: _____

Evacuation location: _____  Evacuation location:_____


**Name:** _____  Social Security Number: _____

Date of birth: _____  Important medical information: _____

Work: _____  School: _____

Address: _____  Address: _____

City/ST/Zip: _____  City/ST/Zip: _____

Phone #: _____  Phone #: _____

Evacuation location: _____  Evacuation location:_____


## FREQUENTED LOCATIONS

Address/City/ST/Zip: _____

Phone #: _____

Evacuation Location: _____


Address/City/ST/Zip: _____

Phone #: _____

Evacuation Location: _____


## NOTES

_____

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