



# Family Emergency Plan

Your family may not be together when disaster strikes, so plan what you will do in different situations and plan how you will contact one another. Preparedness allows you to navigate life's challenges.

## Evacuation Plan

Neighborhood Meeting Place: \_\_\_\_\_ Phone: \_\_\_\_\_  
Out of Neighborhood Meeting Place: \_\_\_\_\_ Phone: \_\_\_\_\_

## Communication Plan

- Fill in the information below. Add other important information to suit your family's circumstances.
- Keep this plan with your emergency supplies kit, along with your command's standard and emergency muster procedures.
- File a copy of emergency contact information with the command ombudsman and the command to be opened only in case of emergency.
- Make sure every family member has the most important contact information on a current Emergency Contact Card.

### Where the family spends time

#### Home:

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

#### 's Work:

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

#### 's Work:

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

#### School:

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

#### School:

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

#### Other place you frequent:

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

### Contact information

Out-of-Town Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_  
PMO Phone: \_\_\_\_\_ Housing Office: \_\_\_\_\_  
Officer on Duty: \_\_\_\_\_ Family Readiness Officer: \_\_\_\_\_

### Family members

Name: _____	Birth Date: _____	Social Security #: _____
Drivers License #: _____	Passport #: _____	
Prescriptions/Medical Information: _____		
Name: _____	Birth Date: _____	Social Security #: _____
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Prescriptions/Medical Information: _____		
Name: _____	Birth Date: _____	Social Security #: _____
Drivers License #: _____	Passport #: _____	
Prescriptions/Medical Information: _____		



# Family Emergency Plan

## Family members - continued

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Drivers License #: \_\_\_\_\_ Passport #: \_\_\_\_\_  
 Prescriptions/Medical Information: \_\_\_\_\_  
 Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Drivers License #: \_\_\_\_\_ Passport #: \_\_\_\_\_  
 Prescriptions/Medical Information: \_\_\_\_\_

## Important contacts and insurance policy numbers

Name	Phone	Policy#
Doctor(s): _____	_____	_____
Doctor(s): _____	_____	_____
Dentist: _____	_____	_____
Pharmacy: _____	_____	_____
Veterinarian/Kennel: _____	_____	_____
Medical Insurance: _____	_____	_____
Dental Insurance: _____	_____	_____
Homeowners/Renters Insurance: _____	_____	_____
Automobile Insurance: _____	_____	_____
Life Insurance: _____	_____	_____

## Provisions for Utilities

In various emergency situations, whether you shelter-in-place or evacuate, you may be advised to cut off ventilation systems or utilities. Write the locations of, and instructions for, these controls and any tools necessary to change them. *(Like fire and evacuation plans, this is a good thing to review and practice with the whole family.)*

Electricity: \_\_\_\_\_  
 Gas: \_\_\_\_\_  
 Water: \_\_\_\_\_  
 Ventilation: \_\_\_\_\_

## Important Records

Use these checklists to help collect important papers to keep with your emergency supply kit for ready access in case of evacuation. If not regularly used, place important records in a waterproof/fireproof container to be taken with you in case of an emergency.

### Personal

- ☐ Military ID cards
- ☐ Driver's licenses
- ☐ Birth certificates/adoption records
- ☐ Social Security cards
- ☐ Passports
- ☐ Citizenship papers
- ☐ Marriage licenses, divorce records
- ☐ Vehicle registration/ownership records
- ☐ Medical records
- ☐ Immunization records
- ☐ Power(s) of attorney (*personal/property*)
- ☐ Wills
- ☐ Household goods inventory from last three PCS moves

### Financial

- ☐ Bank/credit union statements
- ☐ Credit/debit card statements
- ☐ Income records (*including government benefits, child support, and alimony*)
- ☐ Mortgage statement or lease
- ☐ Bills (*electricity, gas, water*)
- ☐ Health insurance cards and records
- ☐ Other insurance records (*auto/property/life*)
- ☐ Tax returns, property tax statements
- ☐ Investment/retirement account records

## Other important information

\_\_\_\_\_  
 \_\_\_\_\_




# Family Emergency Plan

Fill out these cards and give one to each member of your family to make sure they know who to call and where to meet in case of an emergency. Use this card for any additional information needed to supplement primary and alternate command points of contact.

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Additional Important Phone Numbers & Information:

Family Emergency Plan



Emergency Contact Name:

Telephone:

Out-Of-Town Contact Name:

Telephone:

Neighborhood Meeting Place:

Telephone:

Out of Neighborhood Meeting Place:


Telephone:

DIAL 911 OR YOUR LOCAL EMERGENCY NUMBER

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