

Family Emergency Plan





Make sure your family has a plan in case of an emergency. Before an emergency happens, sit down together and decide how you wil get in contact with each other, where you will go and what you will do in an emergency. Keep a copy of this plan in your emergency supply kit or another safe place where you can access it in the event of a disaster.

Neighborhood Meeting Place:	Phone:	
Out-of-Neighborhood Meeting Place:	Phone:	
Out-of-Town Meeting Place:	Phone:	

Fill out the following information for each family member and keep it up to date.

Name:	Social Security Number:
Date of Birth:	Important Medical Information:
Name:	Social Security Number:
Date of Birth:	Important Medical Information:
Name:	Social Security Number:
Date of Birth:	Important Medical Information:
Name:	Social Security Number:
Date of Birth:	Important Medical Information:
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Name:	Social Security Number:
Date of Birth:	Important Medical Information:
Name:	Social Security Number:
Date of Birth:	Important Medical Information:

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 that you and your family need to know about.

School Location One

TOTAL COULTON ONC	Work	Location	One
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Address:	Address:	
Phone:	Phone:	
Evacuation Location:	Evacuation Location:	
Work Location Two Address:	School Location Two Address:	
Phone:	Phone:	
Evacuation Location:	Evacuation Location:	
Work Location Three Address:	School Location Three Address:	
Phone:	Phone:	
Evacuation Location:	Evacuation Location:	
Other place you frequent Address:	Other place you frequent Address:	
Phone:	Phone:	
Evacuation Location:	Evacuation Location:	

Name	Telephone Number	Policy Number



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Make sure your family has a plan in case of an emergency. 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.

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EMERGENCY CONTACT NAME:		EMERGENCY CONTACT NAME: TELEPHONE:	
OUT-OF-TOWN CONTACT NAME: TELEPHONE:		OUT-OF-TOWN CONTACT NAME: TELEPHONE:	
NEIGHBORHOOD MEETING PLACE: TELEPHONE:		NEIGHBORHOOD MEETING PLACE: TELEPHONE:	
		OTHER IMPORTANT INFORMATION:	Ready.
DIAL 911 FOR EMERGENCIES		DIAL 911 FOR EMERGENCIES	
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OTHER IMPORTANT INFORMATION:		OTHER IMPORTANT INFORMATION:	Ready.
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