

# Family Emergency Plan Template

## Emergencies

### Information

* HOUSEHOLD INFORMATION
* FRIENDS AND NEIGHBORS
* MEDICAL INFORMATION
* INSURANCE
* CAREGIVERS

### Plans

FAMILY PLAN – create a plan based on your family’s needs.

* CHILDREN
* PEOPLE WITH DISABILITIES AND CHRONIC HEALTH CONDITIONS
* OLDER ADULTS
* PREGNANT WOMEN

### Supply Kit

Keep supply kits in your home, work, and car to be fully prepared at any time for an emergency.

* FOOD – non-perishable foods that does not require cooking or refrigeration.
* WATER – one gallon of water per person per day.
* ELECTRONICS – non-electronic powered flashlights, battery powered radio, spare batteries, cell phone with charges, backup cell phone battery.
* FIRST AID KIT – bandages, scissors, latex gloves, towelettes, thermometer, CPR barrier, instruction booklet, sanitizer packs.
* WHISTLE
* DUST MASK
* SANITATION
* MANUAL CAN OPENER
* MAPS – local and state maps.
* HYGIENE SUPPLIES – feminine products, soap, toothbrush.

Important documents to be able to quickly grab:

* IDENTIFICATION CARD
* OTHER PHOTO IDENTIFICATION
* BIRTH CERTIFICATES – includes adoption papers and child custody documents.
* MARRIAGE LICENSE
* DIVORCE DECREE
* SOCIAL SECURITY CARD
* CHILD IDENTIFICATION CARDS – includes dental records and recent photographs.
* PASSPORT – includes green card and naturalization documents.
* MILITARY IDENTIFICATION – includes discharge record.
* PET IDENTIFICATION TAGS – includes proof of ownership and any certifications for service animals.
* MEDICAL ALERT DOCUMENTS, TAGS, OR BRACELETS

## Family Personal Information

### Immediate Family

Fill out the following information for each family member.

Name:

Date of Birth:

Phone number:

Social Security Number:

Any important information necessary to know:

Name:

Date of Birth:

Phone number:

Social Security Number:

Any important information necessary to know:

Name:

Date of Birth:

Phone number:

Social Security Number:

Any important information necessary to know:

Name:

Date of Birth:

Phone number:

Social Security Number:

Any important information necessary to know:

Name:

Date of Birth:

Phone number:

Social Security Number:

Any important information necessary to know:

### Distant Family/Friends/Neighbors

Other Close Friends or Family

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Phone** | **Address** | **Email or Phone** | **Other Information** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### Medical Professionals

Doctors/Pharmacy/Specialists

|  |  |  |
| --- | --- | --- |
| **Family Doctor** | **Pharmacy** | **Specialist** |
| Name: | Name: | Name: |
| Phone: | Phone: | Phone: |
| Address: | Address: | Address: |

### Insurance

Insurance Company

|  |  |  |
| --- | --- | --- |
| **Name** | **Policy Number** | **Phone** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

### Pets

Pet owner’s name:

Address:

Phone:

Vet name and number:

Kennel name and number

Name of pet:

Description/ID number:

Date of last rabies vaccination:

Special needs/comments:

Pet owner’s name:

Address:

Phone:

Vet name and number:

Kennel name and number:

Name of pet:

Description/ID number:

Date of last rabies vaccination:

Special needs/comments:

## Emergency Plans

### Schools, Childcare, Workplaces

Name:

Address:

Phone:

Website:

Pick-up plan:

Name:

Address:

Phone:

Website:

Pick-up plan:

Name:

Address:

Phone:

Website:

Pick-up plan:

Name:

Address:

Phone:

Website:

Pick-up plan:

## Medical History

### Medical Conditions

Medical Conditions List

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Individual’s Name** | **Condition** | **Healthcare Provider for Condition** | **Medication Specifically for Condition** | **Things that Help with Condition** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### Medication

Medication List

|  |  |  |  |
| --- | --- | --- | --- |
| **User’s Name** | **Medication Name** | **Dosage/Frequency** | **Reason for Taking** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### Allergies

Allergy List

|  |  |
| --- | --- |
| **Name** | **Special Instructions** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## For Family Members with Limitations

Family members with health conditions, disabilities, or functional needs may need more time to evacuate in case of emergency. Allow enough time to keep you and your family members are safe.

### Health and Disability Information

Health/Disability Information

|  |  |  |
| --- | --- | --- |
| **Name** | **Health/Disability Information** | **Special Instructions** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

### Caregivers

Caregivers Information

|  |  |  |
| --- | --- | --- |
| **Name of Company** | **Phone** | **Services Provided** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Reunion Procedures

When a disaster strikes, your family may be separated. Therefore, your family needs to plan how to reunite in different situations. Information below should be shared with all family members.

Neighborhood meeting place:

Alternate meeting location:

Contact information if unable to reach each other:

Emergency shelter location:

## Planning for a Disaster

### Before a disaster

* EDUCATION AND AWARENESS – be aware of disaster types that could occur in your area and their specific risks.
* EMERGENCY PLAN
	+ COMMUNICATION – designate meeting place with family members and communication methods if separated.
	+ EVACUATION ROUTES – plan for multiple routes in case of potential roadblocks while evacuating.
	+ ROLES AND RESPONSIBILITIES – assign roles to family members and be sure everyone knows their specific responsibilities.
* EMERGENCY KIT – assemble supply kit and have it easily accessible.

### During a disaster

* STAY INFORMED – use text message, email, or social media for non-emergency communication to avoid network congestion.
* FOLLOW THE PLAN
* SAFETY FIRST – call 911 in a life-threatening emergency.

### After a disaster

* CHECK-IN – let your family and friends know you are safe.
* REVIEW AND IMPROVE – update any plan or contact information as needed.

## Additional Information

### Hygiene

* [Personal Hygiene During an Emergency | Water, Sanitation, & Hygiene-related Emergencies & and Outbreaks | Healthy Water | CDC](https://www.cdc.gov/healthywater/emergency/hygiene-handwashing-diapering/handwashing-and-hygiene-during-emergencies.html)

### Supply Kit

* [Build A Kit | Ready.gov](https://www.ready.gov/kit)
* [What Do You Need In a Survival Kit | American Red Cross](https://www.redcross.org/get-help/how-to-prepare-for-emergencies/survival-kit-supplies.html)

### Disasters Based on Location

* [The Most Common Natural Disasters Across The U.S. | Red Cross](https://www.redcross.org/get-help/how-to-prepare-for-emergencies/common-natural-disasters-across-us.html)