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 will 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.

Out-of-Town Contact Name:		Phone:		
Email:				
Neighborhood Meeting Place		Phone: Phone:		
Out-of-Neighborhood Meetin	g Place:			
Out-of-Town Meeting Place:		Phone:		
Fill out the following information Name: Date of Birth: Name: Date of Birth: Name: Date of Birth: Name: Date of Birth: Name: Date of Birth: Name: Date of Birth: Name: Name: Date of Birth: Name:	ation for each family member	SS M SS SS	SN: edical Info:	
Date of Birth:		Medical Info:		
Write down where your family	ly spends the most time: wo	rk, school and other places v	vou frequent. School, davca	re providers, work-
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