



# Ready

# Family Communications Plan

Prepare. Plan. Stay Informed.

Your family may not be together when disaster strikes, so plan how you will contact one another and review what you will do in different situations.

Out-of-Town Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Where to go in an emergency. 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.

### Home

Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Neighborhood Meeting Place: \_\_\_\_\_  
 Regional Meeting Place: \_\_\_\_\_

### Work

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

### School

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

### Work

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

### School

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

### Other place you frequent:

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

### School

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

### Other place you frequent:

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

Important Information	Name	Telephone #	Policy #
Doctor(s):			
Other:			
Pharmacist:			
Medical Insurance:			
Homeowners/Rental Insurance:			
Veterinarian/Kennel (for pets):			

Other useful phone numbers: 9-1-1 for emergencies.

Police Non-Emergency Phone #: \_\_\_\_\_



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Every family member should carry a copy of this important information:

Other Important Phone Numbers & Information:

 **Family Communications Plan**

Contact Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Out-of-Town Contact Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Neighborhood Meeting Place: \_\_\_\_\_  
 Meeting Place Telephone: \_\_\_\_\_

**Dial 911 for Emergencies!**

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Other Important Phone Numbers & Information:

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**Dial 911 for Emergencies!**