



# Family Communication Plan

Emergencies can happen at any time. Does your family know how to get in touch with each other if you are not all together?

**Before** an emergency happens, have a family discussion to determine who would be your out-of-state point of contact, and where you would meet away from your home — both in the neighborhood and within your town.

**Let them know you're OK!**

Pick the same person for each family member to contact. It might be easier to reach someone who's out of town.

## Important Information

Fill in this information and keep a copy in a safe place, such as your purse or briefcase, your car, your office, and your disaster kit. Be sure to look it over every year and keep it up to date.

### Out-of-Town Contact

Name: \_\_\_\_\_  
Home: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Email: \_\_\_\_\_  
Facebook: \_\_\_\_\_  
Twitter: \_\_\_\_\_

### Neighborhood Meeting Place:

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

### Regional Meeting Place:

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

### Work Information

Workplace: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Facebook: \_\_\_\_\_  
Twitter: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

Workplace: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Facebook: \_\_\_\_\_  
Twitter: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

### School Information

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Facebook: \_\_\_\_\_  
Twitter: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Facebook: \_\_\_\_\_  
Twitter: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Facebook: \_\_\_\_\_  
Twitter: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_





# Important Information (continued)

## Family Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Medical Contacts

Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Pediatrician: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

Specialist: \_\_\_\_\_

Phone: \_\_\_\_\_

Specialist: \_\_\_\_\_

Phone: \_\_\_\_\_

Pharmacist: \_\_\_\_\_

Phone: \_\_\_\_\_

Veterinarian/Kennel: \_\_\_\_\_

Phone: \_\_\_\_\_

## Insurance Information

Medical Insurance: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Homeowners/Rental Insurance: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Text, don't talk!**

Unless you are in danger, send a text. Texts may have an easier time getting through than phone calls, and you don't want to tie up phone lines needed by emergency workers.

