Homeland Security

Family Communications Plan

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: _____

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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 #:_____

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

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Other Important Phone Numbers & Information:

Family Communications Plan

Contact Name:

Telephone:

Out-of-Town Contact Name

Telephone:

Neighborhood Meeting Place:

Meeting Place Telephone:

Dial 9–1–1 for Emergencies!

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