

Family Emergency Plan

By 72HourPlan.com based on FEMA.gov recommendations



Before an emergency event occurs, take time to discuss your emergency plan with your family. This form can help you document who you will contact, how you will communicate, and where you will meet when an emergency event occurs. Space for other important “finger tip” information is provided.

Keep a copy of this form in several locations (home / car / office). For more information visit www.72hourplan.com

CONTACT INFORMATION:

Contact Service Provider: Name: _____
 Phone: _____ Membership Number: _____ Password: _____

Out of Town Contact 1: Name: _____
 Land Phone: _____ Facebook: _____
 Cell Phone: _____ Twitter: _____

Out of Town Contact 2: Name: _____
 Land Phone: _____ Facebook: _____
 Cell Phone: _____ Twitter: _____

Local Contact Information: Local and family numbers, also include alternates such as FRS Radio, CB, Shortwave, etc.

Name	Number	Name	Number

Emergency Information: Numbers for emergency services. LIFE OR LIMB DIAL 911.

Name	Number	Name	Number
Police		Hospital	
Fire		Poison Control	

Professional Services: Places you call or visit frequently, schools, churches, businesses, etc.

Type	Name	Phone Number	Additional Information (policy, teacher, etc.)
Doctor			
Church			
School			
School			
Insurance, Medical			
Insurance, Home			

SHELTER - EVACUATION INFORMATION:

At Home Location: Identify a room for safe shelter during in-home events such as hurricane or power failure.

Room: _____

Neighborhood Location: When home evacuation is necessary (fire, storm damage)
identify a location close to home.

Name: _____ Phone: _____

Address: _____

Description: _____

Town/City Location: The home and neighborhood are not accessible, find a place that is familiar and easy to reach.
You should be familiar with your city/county evacuation plan and shelter locations although these shelters can quickly become crowded in a large scale event. Identifying a primary location that does not rely on city/county services is preferred.

Name: _____ Phone: _____

Address: _____

Description: _____

Out of Town Location: This is a serious evacuation. Travel to this safe location may take days. Knowing where your family is going when you may be starting from various locations will help keep you calm and focused. Check supplies and resources before taking on this journey, and know how to read a map.

Name: _____ Phone: _____

Address: _____

Map Coordinates: _____

Other Important Information: Every family dynamic is unique. Consider your family needs and record other important information, documentation, locations, etc. in this area.

WALLET CONTACT CARDS:

Fill out these contact cards for each member of the family. Cut them out, laminate them for durability and place them in your wallet, purse, backpack, glove-box, or any other location that will provide ready access to this important information.

Medications: _____

Allergies: _____

Other Information _____

Town – City Meeting Location / Number _____

Neighborhood Meeting Location / Number _____

Medications: _____

Allergies: _____

Other Information _____

Town – City Meeting Location / Number _____

Neighborhood Meeting Location / Number _____

FAMILY ICE CARD

Contact service _____

Parent/Primary _____

Number _____

Out of town contact _____

Number _____

Local contact _____

Number _____

FAMILY ICE CARD

Contact service _____

Parent/Primary _____

Number _____

Out of town contact _____

Number _____

Local contact _____

Number _____

Medications: _____

Allergies: _____

Other Information _____

Town – City Meeting Location / Number _____

Neighborhood Meeting Location / Number _____

Medications: _____

Allergies: _____

Other Information _____

Town – City Meeting Location / Number _____

Neighborhood Meeting Location / Number _____

FAMILY ICE CARD

Contact service _____

Parent/Primary _____

Number _____

Out of town contact _____

Number _____

Local contact _____

Number _____

FAMILY ICE CARD

Contact service _____

Parent/Primary _____

Number _____

Out of town contact _____

Number _____

Local contact _____

Number _____