



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: _____



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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: _____

Name: _____ Date of Birth: _____

Social Security Number: _____

Important Medical Information: _____

Name: _____ Date of Birth: _____

Social Security Number: _____

Important Medical Information: _____

Name: _____ Date of Birth: _____

Social Security Number: _____

Important Medical Information: _____

Name: _____ Date of Birth: _____

Social Security Number: _____

Important Medical Information: _____

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.



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