



# Family Communication Plan

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.

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.

## 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.