

Family Communications Plan

This form will assist you if your family is not together in the event of an emergency. It will help you plan how you will contact each other and what you will do in different situations.

Out-of-town contact name:	Telephone:
Email:	

Complete the following information for each family member and update regularly

Name:	Social Security Number:
Date of birth:	Medical information: Prescription drug name: Prescription #:
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Date of birth:	Medical information: Prescription drug name: Prescription #:

Where to go in an emergency. Record meeting places and evacuation locations.

Home	Work
Address	Address
Telephone	Telephone
Neighborhood meeting place	Evacuation location
Regional meeting place	
School	Work
Address	Address
Telephone	Telephone
Evacuation location	Evacuation location
School	Other place you frequent
Address	Address
Telephone	Telephone
Evacuation location	Evacuation location

Important information	Name	Telephone	Policy #
Doctor			
Doctor			
Pharmacy			
Medical insurance			
Homeowners/rental insurance			
Vet			
Emergency		911	
Police non-emergency			

Other important contacts	Telephone