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Family Preparedness Plan

The _____ Family Disaster Plan

Last Updated: _____

Names of People in this Family:

_____	_____
_____	_____
_____	_____

Our Designated Meeting Places:

In the event of the need to immediately evacuate our house, or in the event that we come home and see the house in flames, it is important that we have a designated meeting place outside of our home so that we know that everyone is out and safe.

Our immediate outside place is

: _____

In the event that we would not be able to enter our neighborhood or had to leave our neighborhood for reasons such as a flood, hazardous materials spill or other neighborhood evacuation,

Our meeting place outside of our neighborhood is:

Our Designated Out of Town Contacts:

In many emergencies, it is easier to contact someone out of town than to make a local call. For this reason, it is necessary to designate an out of town contact that we

will call to let know our condition and our whereabouts in time of emergency when we may not be able to get in touch with each other.

Designated Out of Town Contact:

Name_____ Phone:

In the event that we cannot contact that person, the back up contact is:

Name_____ Phone:

Emergency Telephone Numbers:

For All Emergencies: 9-1-1

Office of Emergency Services:

Poison Control Center:

Fire Department:

Police or Sheriff:

Hospital:

American Red Cross Chapter:

Salvation Army:

VA State Police:

Health Department:

**National Response Center (Chemical, Oil Spills, Chemical/Biological
Terrorism): 800-424-8802**

Power Emergency Number:

Acct. #

Telephone:

Cellular Phones:

TV Cable:

Heating Fuel:

Propane:

Acct. #

Pump Septic Tank:

Water Pump Service:

Other Important Numbers:

Our Neighbors' Telephone Numbers:

Name:

Address:

Phone #:

Cell Phone

#:

Name:

Address:

Phone #:

Cell Phone

#:

Name:

Address:

Phone #:

Cell Phone

#:

Name:

Address:

Phone #:

Cell Phone

#:

Our Insurance Policies:

Health Insurance Information

Company Name:

Group Name or #:

Subscriber:

Social Security #:

Telephone #:

Other Information:

Dental/Optical Insurance Information

Company Name:

Group Name or #:

Subscriber:

Telephone #:

Other Information:

Flood Insurance

Company Name:

Group Name or #:

Subscriber:

Telephone #:

Other Information:

Life Insurance Information

Company Name:

Group Name or #:

Subscriber:

Telephone #:

Other Information:

House Insurance Information

Company Name:

Group Name or #:

Subscriber:

Telephone #:

Other Information:

Business Insurance

Company Name:

Group Name or #:

Subscriber:

Telephone #:

Other Information:

Vehicle Insurance Information

Company Name:

Group Name or #:

Subscriber:

Telephone #:

Other Information:

Our Family Medical Information:

Medical Information (Name):

Doctor's Name & Phone Number:

Dentist's Name & Phone Number:

Pharmacy Name & Phone Number:

Prescriptions:

RX #:

Drug Name & Dose:

Doctor:

RX #:

Drug Name & Dose:

Doctor:

RX #:

Drug Name & Dose:

Doctor:

Medical Information (Name):

Doctor's Name & Phone Number:

Dentist's Name & Phone Number:

Pharmacy Name & Phone Number:

Prescriptions:

RX #:

Drug Name & Dose:

Doctor:

RX #:

Drug Name & Dose:

Doctor:

RX #:

Drug Name & Dose:

Doctor:

Medical Information (Name):

Doctor's Name & Phone Number:

Dentist's Name & Phone Number:

Pharmacy Name & Phone Number:

Prescriptions:

RX #:

Drug Name & Dose:

Doctor:

RX #:

Drug Name & Dose:

Doctor:

RX #:

Drug Name & Dose:

Doctor:

Medical Information-Animals:

Animal's Name:

Species:

Breed or Type:

Age as of _____: _____

Sex: _____ Date Spayed or Neutered: _____

Color/Markings:

Rabies Tag #:

Last Trip to the Vet:

Any illnesses or major surgeries:

Veterinarian:

Address & Phone:

Pet-friendly hotel:

Boarding Kennel:

Animal Hospital for Boarding:

Friend or pet sitter:

Pictures of pet alone and with her/his family are attached.

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Last Reviewed

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