



# Family Emergency Plan

Ready Fam	ily Emergency Plan 🛛 👖 🦉
Prepare. Plan. Stay Informed	iny Emergency I lan
	energency. Before an emergency happens, sit down together and decide how you will go and what you will do in an emergency. Keep a copy of this plan in your emergency access it in the event of a disaster.
Out-of-Town Contact Name:	Telephone Number:
imait:	
Veighborhood Meeting Place:	Telephone Number:
Regional Meeting Place:	Telephone Number:
vacuation Location:	Telephone Number:
All out the following information for each fam	by member and keep it up to date
Vame:	Social Security Number:
Date of Birth:	Important Medical Information:
Vame:	Social Security Number:
Date of Birth:	Important Medical Information:
dame:	Social Security Number:
Date of Birth:	Important Medical Information:
Varne:	Social Security Number:
Date of Birth:	Important Medical Information:
Name:	Social Security Number:
Date of Birth:	Important Medical Information:
Name:	Social Security Number:
Date of Birth:	Important Medical Information:
	ie: work, school and other places you frequent. Schools, daycare providers, workplaces and iergency plans that you and your family need to know about.
Work Location One	School Location One
Address	Address:
Phone Number:	Phone Number:
Evacuation Location:	Evacuation Location:
Work Location Two	School Location Two
Address: Phone Number:	Address: Phone Number:
Evacuation Location:	Evacuation Location:
WorkLocation Three	School Location Three
Address:	Address:
Phone Number:	Phone Number:
Evacuation Location:	Evacuation Location:
Other place you frequent	Other place you frequent
Address;	Address:
Phone Number: Evacuation Location:	Phone Number: Evacuation Location:
Important Information	Name Telephone Number Policy Number
Doctor(s):	
Other: Pharmacist:	
Pharmacist: Medical Insurance:	
Homeowners/Rental Insurance:	
Veterinarian/Kennel (for pets):	

- Out-of-town contacts
- Meeting places
- Family communication
- School and work plans
- Special needs: child care, pets, etc.

# Fire Escape Plan

Two ways out of each room
Practice escape
Designate a meeting place

Leave immediately
Don't open hot doors
Go to meeting place
& stay out



#### **Fire Prevention**

# Test alarms monthly Change batteries 2 times per year



### Planning to Stay or Go

- Shelter in place?
- Evacuate?
- Know where to get accurate information



## Shelter in Place

Shelter in place: take immediate shelter where you are



# Shelter in Place

#### Have:

- Supplies kit
- Radio
- Duct tape
- Pre-cut plastic



#### Evacuations

- Take supplies kit
- Wear appropriate clothing
- Lock home
- Turn off lights & appliances
- Dispose of or take perishables



# Shutting Off Utilities

- GasElectrici
- Electricity
- Water





#### **Evacuation Routes**



# **Designate Meeting Places**

- Where will we meet?
  - Within neighborhood
  - Outside of neighborhood



# **Family Communication**

Out-of-town contactContact cards

#### Family Emergency Plan



Name:		DOB:
Address 1:	State:	Zip:
Address 2:	State:	Zip:
Home Phone:	E-mail:	
Cell Phone:	Other E-mail:	

Special Needs, Medical Conditions, Allergies, Important Information:





# Safety Training

- CPR
- First aid
- Community Emergency Response Team (CERT)



#### **Documents and Records**



# Inventory

- List, photograph and/or video possessions
  Maybe use
  - www.knowyourstuff.org



INVENTORY

Nic Price

# Inventory

- List separately which possessions you'd grab and where they are
  - Examples: Family portrait - living room wall
     Silver candlesticks - hall chest
     Wedding album - family room shelf



#### **Important Documents**



Photos of each family member
Possibly fingerprints, dental records or DNA samples

# Location of Important Documents

Papers	Location	Papers	Location
Deed to House		Marriage Certificates	
Household Inventory		Death Certificates	
Birth Certificates or Adoption Records		Military Records	
Social Security Cards		Passports	
Tax Returns		Baptism	
Citizenship Papers		Wills & Living Wills	
Automobile Titles		Passwords List	

# Summary of Important Documents

	Mom	Dad	Daughter	Son
Social Security #				
Passport				
Birth Certificate				

#### Contacts

Advisor	Name	Phone #s	Address
Banker			
Attorney			
Accountant			
Insurance Agent			
Executor			
Work Contact			
Work Contact			

# **Financial Accounts**

Туре	Institution	Name on Account	Account #	Location
Checking				
Joint Checking				
Savings				
CD				
IRA				
401K				
VISA Card				
Master Card				

### Medical Records

Name	Dr. Name & Contact Info	Conditions	Prescriptions	Vaccinations

#### Insurance

Туре	Company	Policy #	Agent Contact Info	Policy Location
Health				
Life				
Home				
Liability				
Vehicle #1				
Vehicle #2				
Long-term Care				
Disability				

### **Grab-and-Go Documents**

Place items in folders or envelopes
Place in waterproof

containers



#### **Grab-and-Go Documents**

 Store in disasterresistant locked box



#### **Keep Documents Secure**

- Keep documents box with you at all times
- Don't leave unattended in car, at disaster stations or in shelters



# Backup Documents

 Secure a second set at another location, maybe on flash drive or CD

