

Family Emergency Plan

Fill out this form and save to a flash drive, computer or the cloud. You can also print and put a copy in your Go Bag.



Local Emergency Contact or anyone in your personal network.

Name	Phone	Email	Address

Important Numbers

Renter/Home Insurance #	
Veterinarian/Kennel #	
Drivers License #	

Medical Information

Primary Physician Name	
Primary Physician Phone	
Health Insurance #	
Pharmacy Name	
Pharmacy Phone	
Home Health Care Phone	
Medic Alert ID	
Medical Equipment Used	
Mobility Devices	
Personal Care items needed	

Home Evacuation and Family Meeting Location

Name and phone number of a neighbor willing to help you evacuate your home if you are unable to get out of the house on your own.	
A location on your street that you will meet family members in case you get split up during an emergency. For instance, a corner store, park, church or rec center.	
Names of people you will share this plan with.	

Use this space below for any information that would be helpful to you: location of medications in the home, social security numbers, or school telephone numbers.