

Family Emergency Plan

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Utah

 Make sure your family has a plan in case of an emergency. Before an emergency happens, sit down together and decide how you will get in contact with each other, where you will go and what you will do in an emergency. Keep a copy of this plan in your emergency supply kit or another safe place where you can access it in the event of a disaster.

Out-of-Town Contact Name: _____

Email: _____

Neighborhood Meeting Place: _____

Regional Meeting Place: _____

Evacuation Location: _____

Telephone Number: _____

Telephone Number: _____

Telephone Number: _____

Telephone Number: _____

Fill out the following information for each family member and keep it up to date.

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: _____

Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare providers, workplaces and apartment buildings should all have site-specific emergency plans that you and your family need to know about.

Work Location One

Address: _____

Phone Number: _____

Evacuation Location: _____

School Location One

Address: _____

Phone Number: _____

Evacuation Location: _____

Work Location Two

Address: _____

Phone Number: _____

Evacuation Location: _____

School Location Two

Address: _____

Phone Number: _____

Evacuation Location: _____

Other Place You Frequent

Address: _____

Phone Number: _____

Evacuation Location: _____

School Location Three

Address: _____

Phone Number: _____

Evacuation Location: _____

Important Information	Name	Telephone Number	Policy Number
Doctor(s):			
Other:			
Pharmacist:			
Medical Insurance:			
Home Insurance:			
Veterinarian/Kennel:			