

FAMILY EMERGENCY PLAN

Fill this in together, keep one copy at home, one in each go-bag and one in each car. Review it twice a year. Last updated: _____

HOUSEHOLD MEMBERS

Name	Cell phone	Date of birth	Medical needs / allergies

COMMUNICATION PLAN

Out-of-area contact (name / phone)	
Local backup contact (name / phone)	
Check-in rule	Text first. Everyone texts the out-of-area contact: "I'm OK, at ____".
Family code word (school pickups)	

MEETING PLACES

1. Near home (fire, sudden emergency)	
2. In the neighborhood (can't get home)	
3. Out of town (evacuation) — address	
Route A / Route B	

SCHOOL, WORK & DAYCARE

Place	Address / phone	Their emergency plan / pickup person

MEDICAL

Person	Medication & dose	Doctor / phone	Pharmacy / phone

Powered medical equipment (CPAP, oxygen...): _____ Backup power plan: _____

FAMILY EMERGENCY PLAN

HOME & UTILITIES

Water main shutoff location	
Gas shutoff location (+ wrench kept at)	
Electrical panel location	
Utility outage lines / account #s	
Insurance company / policy #	
Safe room (tornado / intruder)	

PETS

Pets (name / type)	
Vet / phone · microchip #	
Pet-friendly shelter or hotel on route	

OUR MOST LIKELY EMERGENCIES

Event	Stay or go?	What we do

72-HOUR KIT CHECKLIST

- | | |
|--|--|
| ☐ Water: 1 gal / person / day × 3 days | ☐ Wipes, trash bags, plastic ties |
| ☐ Non-perishable food + can opener | ☐ Wrench / pliers for utilities |
| ☐ NOAA Weather Radio + batteries | ☐ Phone chargers + power bank |
| ☐ Flashlights + extra batteries | ☐ Cash, document copies, paper maps |
| ☐ First aid kit + 7 days of medications | ☐ Change of clothes, sturdy shoes |
| ☐ Whistle, dust masks, duct tape | ☐ Pet food, leash, carrier |

WALLET / BACKPACK CARDS (CUT OUT)

EMERGENCY CARD

Out-of-area contact:

Meeting place:

Medical info:

EMERGENCY CARD

Out-of-area contact:

Meeting place:

Medical info:

EMERGENCY CARD

Out-of-area contact:

Meeting place:

Medical info:

EMERGENCY CARD

Out-of-area contact:

Meeting place:

Medical info: