



Write your family's name above

### Family Emergency Communication Plan

#### HOUSEHOLD INFORMATION

Home #: .....

Address: .....

Name: ..... Mobile #: .....

Other # or social media: ..... Email: .....

Important medical or other information: .....

Name: ..... Mobile #: .....

Other # or social media: ..... Email: .....

Important medical or other information: .....

FOLD HERE

#### IN CASE OF EMERGENCY (ICE) CONTACT

Name: ..... Mobile #: .....

Home #: ..... Email: .....

Address: .....

#### OUT-OF-TOWN CONTACT

Name: ..... Mobile #: .....

Home #: ..... Email: .....

Address: .....

#### EMERGENCY MEETING PLACES

Indoor: .....

Instructions: .....

Neighborhood: .....

Instructions: .....

FOLD HERE

Name: ..... Mobile #: .....

Other # or social media: ..... Email: .....

Important medical or other information: .....

Name: ..... Mobile #: .....

Other # or social media: ..... Email: .....

Important medical or other information: .....

Out-of-Neighborhood: .....

Address: .....

Instructions: .....

Out-of-Town: .....

Address: .....

Instructions: .....

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#### SCHOOL, CHILDCARE, CAREGIVER, AND WORKPLACE EMERGENCY PLANS

Name: .....

Address: .....

Emergency/Hotline #: ..... Website: .....

Emergency Plan/Pick-Up: .....

Name: .....

Address: .....

Emergency/Hotline #: ..... Website: .....

Emergency Plan/Pick-Up: .....

Name: .....

Address: .....

Emergency/Hotline #: ..... Website: .....

Emergency Plan/Pick-Up: .....

#### IMPORTANT NUMBERS OR INFORMATION

Police: ..... Dial 911 or #: .....

Fire: ..... Dial 911 or #: .....

Poison Control: ..... #: .....

Doctor: ..... #: .....

Doctor: ..... #: .....

Pediatrician: ..... #: .....

Dentist: ..... #: .....

Medical Insurance: ..... #: .....

Policy #: .....

Medical Insurance: ..... #: .....

Policy #: .....

Hospital/Clinic: ..... #: .....

Pharmacy: ..... #: .....

Homeowner/Rental Insurance: ..... #: .....

Policy #: .....

Flood Insurance: ..... #: .....

Policy #: .....

Veterinarian: ..... #: .....

Kennel: ..... #: .....

Electric Company: ..... #: .....

Gas Company: ..... #: .....

Water Company: ..... #: .....

Alternate/Accessible Transportation: ..... #: .....

Other: .....

Other: .....

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