



Write your family's name above

## EMERGENCY PLAN

### KEEP IN CASE OF EMERGENCY

#### HOUSEHOLD INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Phone: \_\_\_\_\_

Identifying Characteristics: \_\_\_\_\_

Work/School: \_\_\_\_\_ Address: \_\_\_\_\_

Work/School Phone: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Phone: \_\_\_\_\_

Identifying Characteristics: \_\_\_\_\_

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Work/School Phone: \_\_\_\_\_

#### MEETING PLACES

Name: \_\_\_\_\_ Neighborhood

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Point of Contact/Special Instructions: \_\_\_\_\_

Name: \_\_\_\_\_ Out of Neighborhood

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Point of Contact/Special Instructions: \_\_\_\_\_

Name: \_\_\_\_\_ Out of Town

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Point of Contact/Special Instructions: \_\_\_\_\_

## IN CASE OF EMERGENCY CONTACT

Name: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Home #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

## OUT-OF-TOWN CONTACT

Name: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Home #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

## IMPORTANT PHONE NUMBERS

Police: \_\_\_\_\_ Dial 911 or #: \_\_\_\_\_

Fire: \_\_\_\_\_ Dial 911 or #: \_\_\_\_\_

Poison Control: \_\_\_\_\_ #: \_\_\_\_\_

Doctor: \_\_\_\_\_ #: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ #: \_\_\_\_\_

Dentist: \_\_\_\_\_ #: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ #: \_\_\_\_\_

Policy #: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_ #: \_\_\_\_\_

## IMPORTANT PHONE NUMBERS

Pharmacy: \_\_\_\_\_ #: \_\_\_\_\_

Homeowners/Renters Insurance: \_\_\_\_\_ #: \_\_\_\_\_

Policy #: \_\_\_\_\_

Flood Insurance: \_\_\_\_\_ #: \_\_\_\_\_

Policy #: \_\_\_\_\_

Earthquake Insurance: \_\_\_\_\_ #: \_\_\_\_\_

Policy #: \_\_\_\_\_

Alternate/Accessible Transportation: \_\_\_\_\_

\_\_\_\_\_ #: \_\_\_\_\_

## IMPORTANT PHONE NUMBERS

Electric Company: \_\_\_\_\_ #: \_\_\_\_\_

Gas Company: \_\_\_\_\_ #: \_\_\_\_\_

Water Company: \_\_\_\_\_ #: \_\_\_\_\_

Other: \_\_\_\_\_ #: \_\_\_\_\_

Other: \_\_\_\_\_ #: \_\_\_\_\_

## PETS

Name: \_\_\_\_\_ Type: \_\_\_\_\_

Name: \_\_\_\_\_ Type: \_\_\_\_\_

Name: \_\_\_\_\_ Type: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ #: \_\_\_\_\_

Address: \_\_\_\_\_

Kennel: \_\_\_\_\_ #: \_\_\_\_\_

Address: \_\_\_\_\_