

# Family Emergency Plan

If we aren't together, then we will meet at:

Just Outside our House:

Neighborhood Meeting Place:

In-Town Meeting Place:

Out-of-Town Meeting Place:

What will we do if:

Kids in school:

Parent(s) at work:

Family member has special needs:

Draw a map of escape routes from your house:

Draw a map of routes to your meeting place  
In your neighborhood or city:

# Emergency Contacts

## Family Contacts

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

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

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

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

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

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

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

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

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

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

## Friends and Extended Family in Town

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

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

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

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

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

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

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

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

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

## Out of Town Contacts

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

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

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

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

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

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

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

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

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

## Government Phone Numbers

Police: \_\_\_\_\_

Fire: \_\_\_\_\_

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

Crisis Hotline: \_\_\_\_\_

Animal Control: \_\_\_\_\_

## Other Contacts

Employer: \_\_\_\_\_

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

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

Employer/School: \_\_\_\_\_

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

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

School: \_\_\_\_\_

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

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

United States and Canada dial

# 911

in emergencies