



Region 8



# Family Communication Plan

## Household

Head of Household:

Address:

Phone:

Neighborhood meeting place:

Regional meeting place:

## Out-of-Town Contact

Name:

Address:

Phone:

Cell Phone:

Email:

Your family may not be together when disaster strikes so plan how you will contact one another if you are separated. Keep the information in this plan current. Enter the names of the locations where members spend their time below and how to contact those locations on the back side.

## Household Members

	# 1	# 2	# 3	# 4	# 5	# 6
Name (first & last)						
SSN						
DOB						
Cell phone						
Email						
Work Name						
School Name						
Physician						
Medical Conditions						
Medications						
Allergies						
Blood Type						

Enter contact information for the places where household members may be located and other important people or agencies. Include relatives, neighbors, churches, insurance companies, or anyone else you may need to get in touch with during an emergency.

Emergency Contacts						
	Name	Address	Phone	Evacuation Location	Website or email	Note
Childcare						
Health Dept.						
Hospital						
Hospital						
Pharmacy						
Physician						
Physician						
School						
School						
Veterinarian						
Work						
Work						
Work						