



EMERGENCY PLAN

Who will help?

NAME _____ PHONE _____

HOW THEY CAN HELP _____

NAME _____ PHONE _____

HOW THEY CAN HELP _____

NAME _____ PHONE _____

HOW THEY CAN HELP _____

NAME _____ PHONE _____

HOW THEY CAN HELP _____

NAME _____ PHONE _____

HOW THEY CAN HELP _____

Who do you need to reach?

NAME _____ PHONE _____

ALTERNATE COMMUNICATION (email, work phone) _____

NAME _____ PHONE _____

ALTERNATE COMMUNICATION (email, work phone) _____

NAME _____ PHONE _____

ALTERNATE COMMUNICATION (email, work phone) _____

NAME _____ PHONE _____

ALTERNATE COMMUNICATION (email, work phone) _____

Where will you meet?

EMERGENCY MEETING LOCATION ADDRESS (local area): _____

EMERGENCY MEETING LOCATION ADDRESS (outside of your neighborhood): _____

EMERGENCY MEETING LOCATION ADDRESS (outside of your city): _____

Other important information:

HOUSEHOLD MEMBERS

NAME _____ PHONE (cell, work) _____

EMAIL OR ALTERNATE COMMUNICATION _____

VITAL MEDICAL INFORMATION _____

MEDICATIONS _____

NAME _____ PHONE (cell, work) _____

EMAIL OR ALTERNATE COMMUNICATION _____

VITAL MEDICAL INFORMATION _____

MEDICATIONS _____

NAME _____ PHONE (cell, work) _____

EMAIL OR ALTERNATE COMMUNICATION _____

VITAL MEDICAL INFORMATION _____

MEDICATIONS _____

NAME _____ PHONE (cell, work) _____

EMAIL OR ALTERNATE COMMUNICATION _____

VITAL MEDICAL INFORMATION _____

MEDICATIONS _____

OTHER VITAL CONTACT INFORMATION:

EMPLOYER NAME + PHONE NUMBER _____

SCHOOL NAME + PHONE NUMBER _____

CAREGIVER NAME + PHONE NUMBER _____

CHILDCARE PROVIDER NAME + PHONE NUMBER _____

DOCTOR/MEDICAL CLINIC NAME + PHONE NUMBER _____

INSURANCE PROVIDER NAME, PHONE NUMBER, POLICY NUMBER _____

WHEELCHAIR/MEDICAL EQUIPMENT SUPPLIER NAME + PHONE NUMBER _____

TRANSPORTATION ALTERNATIVES _____

UTILITIES (electric, gas, water) _____

VETERINARIAN _____