

Set a time - Have a family meeting - Complete the plan

Make copies for each member of the family, your out-of-area contact person and your child(ren)'s school or day care. Tape this copy inside a kitchen cupboard door.

Family Emergency Plan

The objective of the Family Emergency Plan is to be self-sufficient for a minimum of 72 hours. Last updated on _____

Out-of-area Contact (a person far enough away so as not to be affected by the same situation; someone each member of the family can call/e-mail in case of emergency)

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cellular: _____

E-mail: _____

Temporary Accommodations (A place where your family will be able to stay for a few days in case of evacuation; don't forget to plan for your pets)

Location: _____

Telephone: _____

Alternate Phone: _____

E-mail: _____

Information on all Family Members

Family Member	Date of Birth	Medical Information	Health Card #	Usual Weekday location
1.				
2.				
3.				
4.				
5.				

<p>_____ 's school/workplace</p> <p>Location Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p>	<p>_____ 's school/workplace</p> <p>Location Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p>	<p>_____ 's school/workplace</p> <p>Location Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p>
---	---	---

<p>_____ 's school/workplace</p> <p>Location Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p>	<p>_____ 's school/workplace</p> <p>Location Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p>	<p>Main Family Residence(s)</p> <p>Address: _____</p> <p>Home Phone: _____</p> <p>E-mail: _____</p> <p>Cottage: _____</p> <p>Cottage Phone: _____</p>
---	---	--

Other Important Numbers

Police: _____ Ambulance: _____ Fire: : _____ Doctor: _____ Insurance : _____