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# FAMILY EMERGENCY PLAN

HOUSEHOLD

ADDRESS

UPDATED

| Name | Mobile | School / work and phone | Medical needs / allergies |
|---|---|---|---|
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| | | | |
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OUT-OF-AREA CONTACT (EVERYONE CALLS OR TEXTS THEM)

THEIR PHONE

MEETING PLACE NEAR HOME

MEETING PLACE OUTSIDE THE NEIGHBORHOOD

## Utility shut-offs

| | Where the shut-off is | How / tool needed | Utility phone |
|---|---|---|---|
| **Water** | | | |
| **Gas** | | | |
| **Electricity** | | | |

IF WE HAVE TO LEAVE: ROUTE, WHERE WE GO, PETS, WHAT WE TAKE

DOCTOR

INSURANCE (HOME / HEALTH) AND POLICY NO.

VET

LOCAL ALERTS TO SIGN UP FOR

NEIGHBOR WHO CAN HELP