

# MAKE A PLAN

## My Family Emergency Plan

### Make a Plan

#### Make a Plan

Make sure your family has a plan in case of an emergency. Before an emergency happens, sit down together and decide how you will get in contact with each other, where you will go and what you will do in an emergency. Keep a copy of this plan in your emergency supply kit or another safe place where you can access it in the event of a disaster.

Advance planning can prevent or at least reduce the confusion in the midst of an emergency. Use the proverbial “calm before the storm” to sit down and decide what works best for you and your loved ones.



If you have children, they will already know how to follow a safety plan. It’s like doing fire drills at school – children know the plan and are safe in case of an actual emergency. Talking about your plans will help your children feel comfortable that they will be safe.

#### HOW WILL WE STAY IN TOUCH?

- Keep a list of contacts by the phone and in your emergency kit.
- Make sure you have a phone in your home that has a cord and does not require electricity.
- If you have a cell phone, program your emergency contact(s) as “ICE” (In Case of Emergency) in your phone. If you are in an accident, emergency personnel will often check your ICE listings in order to get a hold of someone you know. Make sure to tell your family and friends that you’ve listed them as emergency contacts.
- Teach family members how to use text messaging (also known as SMS or Short Message Service). Text messages can often get around network disruptions when a phone call might not be able to get through.

#### WHERE WILL WE MEET?

- Decide on a meeting place outside of your home.

#### WHAT ABOUT FAMILY PETS?

- Make a plan about what you will do if you need to evacuate and cannot bring your pets with you.

# My Family Emergency Plan

## Family Health and Contact Information

# MAKE A PLAN

1.

Family Member's Whole Name

Relationship (Mother, Father, Son, Daughter, etc.)

Address

Daytime Phone

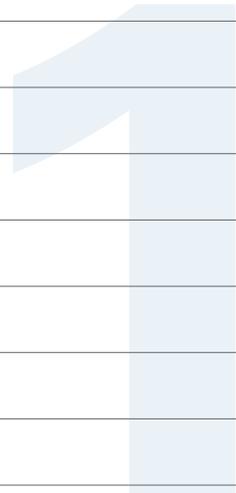
Cell Phone

E-mail

Date of Birth

Medications

Allergies/Important Health Information



2.

Family Member's Whole Name

Relationship (Mother, Father, Son, Daughter, etc.)

Address

Daytime Phone

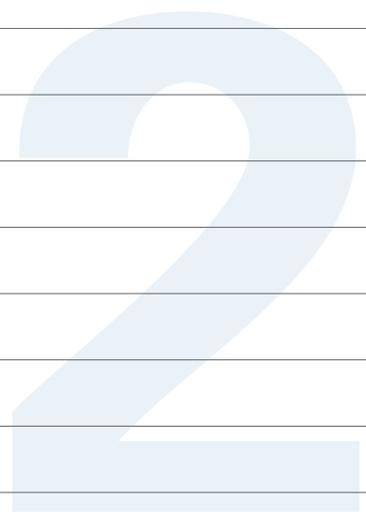
Cell Phone

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# MAKE A PLAN

## My Family Emergency Plan

### Family Health and Contact Information

**3.**

Family Member's Whole Name

Relationship (Mother, Father, Son, Daughter, etc.)

Address

Daytime Phone

Cell Phone

E-mail

Date of Birth

Medications

Allergies/Important Health Information

3

**4.**

Family Member's Whole Name

Relationship (Mother, Father, Son, Daughter, etc.)

Address

Daytime Phone

Cell Phone

E-mail

Date of Birth

Medications

Allergies/Important Health Information

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# My Family Emergency Plan

## Emergency Contacts

# MAKE A PLAN

### Out-of-Town Emergency Contact

Name

Address

E-mail

Home Phone

Cell Phone

Work Phone

### Local Emergency Contact

Name

Address

E-mail

Home Phone

Cell Phone

Work Phone

### Trusted Adult

Whole Name

Relationship to Child (Aunt, Friend, Neighbor, etc.)

Address

E-mail

Home Phone

Cell Phone

Work Phone

### Doctor/Insurance Information

Primary Care Physician

Primary Care Physician's Phone Number

Family Health Insurance Provider

Health Insurance Provider's Phone Number

Policy Number

# MAKE A PLAN

## My Family Emergency Plan

### School and Workplace Information

#### SCHOOLS

(IN THE EVENT OF AN EMERGENCY, THE CHILD WILL GO HERE WITH THE TEACHER/CHILD-CARE PROVIDER WHILE WAITING FOR A PARENT/GUARDIAN TO ARRIVE.)

Child's Whole Name

School/Child-Care Program

School/Child-Care Program Address

Teacher's/Child-Care Provider's Whole Name

Phone

Evacuation Location

Child's Whole Name

School/Child-Care Program

School/Child-Care Program Address

Teacher's/Child-Care Provider's Whole Name

Phone

Evacuation Location

Child's Whole Name

School/Child-Care Program

School/Child-Care Program Address

Teacher's/Child-Care Provider's Whole Name

Phone

Evacuation Location

#### WORKPLACES

USE THE SPACE BELOW TO DOCUMENT THE WORKPLACE INFORMATION FOR EACH MEMBER OF YOUR FAMILY THAT WORKS OUTSIDE OF THE HOME.

Working Family Member Name

Workplace Name

Workplace Address

Supervisor Name

Phone

Evacuation Location (if applicable)

Working Family Member Name

Workplace Name

Workplace Address

Supervisor Name

Phone

Evacuation Location (if applicable)

Working Family Member Name

Workplace Name

Workplace Address

Supervisor Name

Phone

Evacuation Location (if applicable)

# My Family Emergency Plan

## A Go Bag and a Stay-at-Home Kit

# BUILD A KIT

### Build a Kit

Building a family emergency kit is crucial. During emergencies, you will need to be self-reliant for a period of time. You may want to consider two types of kits: a Go Bag and a Stay-at-Home Kit. A Go Bag is one that you would take with you in case of evacuation. A Stay-at-Home Kit would come into play if you were to shelter-in-place. Allow your family to be a part of this experience as they help you put together your kits.

In case you need to evacuate, a Go Bag keeps your supplies together and ready to go. Go Bags should be easily portable like a backpack or a suitcase on wheels. Store it somewhere easily accessible.

### GO BAG CHECKLIST:

- Copies of your important papers in a waterproof bag
- Extra set of car and house keys
- Extra mobile phone charger
- Copies of credit and ATM cards and cash
- Bottled water and snacks such as energy or granola bars
- First-aid kit, flashlight, and whistle
- Radio with batteries (don't forget to pack extra batteries)
- A list of the medications each member of your family needs and at least 24-hour supply of such medication
- Toothpaste, toothbrushes, wet cleansing wipes, and so on
- Contact and meeting place information for your family and a small map of your local area
- A special cuddly stuffed animal for your child and something to help occupy their time, like books or coloring books. If this includes a hand-held video game, make sure you have extra batteries.
- Rain ponchos

### STAY-AT-HOME KIT:

Use a Stay-at-Home Kit when you need to shelter-in-place. Recommended supplies to include in a basic kit:

- Water (one gallon per person per day, for drinking and sanitation)
- Non-perishable food (recommend a 5–7 day supply)
- Battery-powered or hand crank radio
- Weather radio with tone alert and extra batteries for both
- Flashlight and extra batteries
- First Aid kit
- Whistle to signal for help
- Filter mask or cotton t-shirt, to help filter the air
- Moist towelettes, garbage bags and plastic ties for personal sanitation
- Wrench or pliers to turn off utilities
- Manual can opener if kit contains canned food
- Plastic sheeting and duct tape to shelter-in-place
- Items for unique family needs, such as daily prescription medications, infant formula or diapers
- Rain gear
- Mess kits, paper cups, plates and plastic utensils
- Cash or traveler's checks, change
- Paper towels
- Fire extinguisher
- Matches in a waterproof container
- Disinfectant
- Important family documents such as copies of insurance policies, identification and bank account records in a waterproof, portable container.
- A special cuddly stuffed animal for your child and something to help occupy their time, like books or coloring books. If this includes a hand-held video game, make sure you have extra batteries.