

Family Emergency Plan Page 1

Family

Our Address		
Primary Phone Number	Primary E-Mail Address	Primary Cell / Text Number (ICE)
Number of Occupants at Address	Dwelling Insurance Agent	Policy #
Health Insurance Provider	Policy #	
Primary Care Physician / Clinic or Office / Phone		

Family Secret Word _____ As a secret you don't have to list this, but each family member should know your chosen secret word to authenticate with non-family members any vital information or directives to keep family members safe.

1

Family Members Full Name

Relationship: Father, Mother, Son, Daughter

Social Security Number

Address if Different from Above

Daytime Phone

Cell Phone

E-Mail Address

Date of Birth

Medications

Allergies / Health Concerns

Occupation / Where / Contact Number

2

Family Members Full Name

Relationship: Father, Mother, Son, Daughter

Social Security Number

Address if Different from Above

Daytime Phone

Cell Phone

E-Mail Address

Date of Birth

Medications

Allergies / Health Concerns

Occupation / Where / Contact Number

3

Family Members Full Name

Relationship: Father, Mother, Son, Daughter

Social Security Number

Address if Different from Above

Daytime Phone

Cell Phone

E-Mail Address

Date of Birth

Medications

Allergies / Health Concerns

Occupation / Where / Contact Number

4

Family Members Full Name

Relationship: Father, Mother, Son, Daughter

Social Security Number

Address if Different from Above

Daytime Phone

Cell Phone

E-Mail Address

Date of Birth

Medications

Allergies / Health Concerns

Occupation / Where / Contact Number

Family Emergency Plan Page 2

5

Family Members Full Name

Relationship: Father, Mother, Son, Daughter

Social Security Number

Address if Different from Above

Daytime Phone

Cell Phone

E-Mail Address

Date of Birth

Medications

Allergies / Health Concerns

Occupation / Where / Contact Number

6

Family Members Full Name

Relationship: Father, Mother, Son, Daughter

Social Security Number

Address if Different from Above

Daytime Phone

Cell Phone

E-Mail Address

Date of Birth

Medications

Allergies / Health Concerns

Occupation / Where / Contact Number

Out of Town / Family Contact / Next of Kin

Family Members / Out of Town Contact

Relationship to Family

Address

Daytime Phone

Cell Phone

E-Mail Address

Occupation / Where / Contact Number

Family Members / Out of Town Contact

Relationship to Family

Address

Daytime Phone

Cell Phone

E-Mail Address

Occupation / Where / Contact Number

Trusted Adults

Family Trusted Adult

Relationship to Family

Address

Daytime Phone

Cell Phone

E-Mail Address

Occupation / Where / Contact Number

Family Trusted Adult

Relationship to Family

Address

Daytime Phone

Cell Phone

E-Mail Address

Occupation / Where / Contact Number

CONFIDENTIAL - KEEP IN A SECURE PLACE

Family Emergency Plan Page 3

Faith _____ Clergy / Bishop _____

Contact Number _____ Alternate Number _____

Ministering Brothers & Sisters (Name & Phone): _____

Family Meeting Spot Outside the Home _____

Community Meeting Spot _____

In the Event of an Emergency, We Will meet: _____ At Home (First Location)

In the event that we miss each other, we will leave written messages: (Outside Location at Home)

Two Routes For Each Family Member to Return Home:

Family Member #1 From _____

Family Member #2 From _____

Family Member #3 From _____

Family Member #4 From _____

Family Member #5 From _____

Family Member #6 From _____

The Vehicles We Drive

VEHICLE MAKE _____ MODEL _____ COLOR _____ LICENSE PLATE # _____

VEHICLE MAKE _____ MODEL _____ COLOR _____ LICENSE PLATE # _____

VEHICLE MAKE _____ MODEL _____ COLOR _____ LICENSE PLATE # _____

VEHICLE MAKE _____ MODEL _____ COLOR _____ LICENSE PLATE # _____

VEHICLE MAKE _____ MODEL _____ COLOR _____ LICENSE PLATE # _____

VEHICLE MAKE _____ MODEL _____ COLOR _____ LICENSE PLATE # _____

Auto Insurance Provider _____ **Policy #** _____

Insurance Agent _____ **Contact Number** _____

Other Supplemental Instructions / Plans for Family Members / Emergency Contacts:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.