

Household Information

• Family Name:	
• Address:	
• Phone:	
Emergency Contacts	
Primary Emergency Contact:	
Phone: Email:	
Secondary Contact (out-of-town):	
Phone: Email:	
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Emergency Meeting Places	
Outside the Home (local spot):	
Neighborhood (park/library/school):	
Out-of-town location (relative/friend):	
Medical & Safety Information	
Nearest Hospital:	
Hospital Phone:	
Insurance Provider & Policy #:	
Doctor Name & Phone:	
Preferred Pharmacy:	



Household Members

Name	
Date of Birth	
Phone	
Medical Conditions	
Medications	
Allergies	
N	
Name	
Date of Birth	
Phone	
Medical Conditions	
Medications	
Allergies	
Name	
Date of Birth	
Phone	
Medical Conditions	
Medications	
Allergies	
Name	
Date of Birth	
Phone	
Medical Conditions	
Medications	
Allergies	



Utility Shut-Offs

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Gas Shut-Off Location:
Water Shut-Off Location:
Electric Panel Location:
Evacuation Plan
Transportation Method (car/van/neighbor/family):
• Evacuation Route(s):
Pet Evacuation Plan:
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Communication Plan
 How will family members communicate if separated? (e.g., group text, emergency app, out-of-town contact)
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Special Needs Planning
Elderly / Disabled Care Plan:
Infant/Child Needs:
Pets & Service Animals:



Tip: Keep copies of this Emergency Plan in your Go-Bag, wallet, and vehicles. Share it with all household members.