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.

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 Members Full Name
Relationship: Father, Mother, Son, Daughter
Social Security Number
Address if Different from Above
Daytime Phone | Cell Phone
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Date of Birth

Medications

Allergies / Health Concerns

Occupation / Where / Contact Number

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

Faith _____ Clergy / Bishop _____

Contact Number _____ Alternate Number _____

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: