FAMILY EMERGENCY PLAN

Fill this out together, review it once a year, and keep copies in your emergency kit, your vehicles, and each family member's wallet or backpack. | EmergencyKits.com

Family name: _____

Home address: _____

Date completed / last reviewed: _____

1. Household Members

Name	Age	Medical conditions / allergies	Medications & dosages

2. Emergency Contacts

Out-of-area contact: long-distance calls often connect when local lines are jammed, so everyone checks in with this person

Name	Phone	City / state

Local emergency contacts

Name	Phone	Relationship

Emergency services: **911** • Poison Control: **1-800-222-1222** • Local non-emergency line: _____

3. Meeting Places

Near home, if our house isn't safe (a neighbor's porch, a mailbox, a specific tree)

Location: _____

Outside the neighborhood, if we can't get back to our area (a library, place of worship, relative's home)

Location & address: _____

[ ] We have practiced getting to both meeting places

4. Evacuation Routes & Home Fire Escape Plan

Primary route out of our area: _____

Alternate route: _____

Where our emergency kit is stored: _____

[ ] Every room has two ways out, and everyone knows them
[ ] Our outside fire meeting spot is our near-home meeting place [ ] Smoke alarms tested this year

5. Utility Shut-Offs

Utility	Shut-off location	Tool needed / notes
Gas		
Water main		
Electrical panel		

Only turn gas back on with help from your utility company.

6. Kids

Child	School / daycare & phone	Authorized pickup	Role in our plan

Each child can: [ ] recite our home address [ ] recite a parent's phone number [ ] call 911 [ ] name both meeting places

7. Seniors & Family Members with Medical or Mobility Needs

Name	Medications & equipment	Mobility / power needs	Caregiver or doctor

Stock at least a 7-day supply of prescription medications, and note any equipment that needs backup power.

8. Pets

Pet name	Species / breed	Microchip #	Vet name & phone

Pet-friendly evacuation option: _____

Pet emergency kit location: _____

Pet kit includes: [ ] 3 to 7 days food & water [ ] medications [ ] vaccination records [ ] recent photo [ ] leash, collar & carrier

9. Important Documents & Insurance

Where document copies are kept: _____

Insurance company & policy #: _____

Insurance phone: _____

Keep copies of IDs, insurance policies, and medical records in a waterproof container you can grab quickly.

10. Practice Log

Run a drill at least twice a year. Time your evacuation, walk kids through their roles, and rotate kit supplies while you're at it.

Date	Drill type (fire, evacuation, tabletop)	What we'll fix before next time

Review this plan once a year. Contacts, medications, meeting spots, and kids' roles all change. Pair your plan with a stocked emergency kit so the supplies are ready when the plan is.