



# READY KIDS

U.S. DEPARTMENT OF HOMELAND SECURITY

## JUST IN CASE FAMILY PLAN



Your family may not be together in an emergency, so plan how you will contact one another and review what you will do in different situations.

Out-of-State Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_



Fill out the following information for each family member and keep it up to date.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_



**Where to go in an emergency.** Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare providers, workplaces and apartment buildings should all have site-specific emergency plans.

Home

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

Work

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

School

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

Work

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

School

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

Places you frequent

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_



| Important Information | Name | Telephone # |
|-----------------------|------|-------------|
| Doctor(s):            |      |             |
| Veterinarian/Kennel:  |      |             |
| Other:                |      |             |
|                       |      |             |





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## JUST IN CASE FAMILY PLAN

Every family member should carry a copy of this important information:

Other Important Phone Numbers & Information:



### Family Communications Plan

Contact Name:

Telephone:

Out-of-State Contact Name:

Telephone:

Neighborhood Meeting Place:

Meeting Place Telephone:

*Dial 9-1-1 for Emergencies!*

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Other Important Phone Numbers & Information:



### Family Communications Plan

Contact Name:

Telephone:

Out-of-State Contact Name:

Telephone:

Neighborhood Meeting Place:

Meeting Place Telephone:

*Dial 9-1-1 for Emergencies!*

Other Important Phone Numbers & Information:



### Family Communications Plan

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Telephone:

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### Family Communications Plan

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Telephone:

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*Dial 9-1-1 for Emergencies!*