

Family Emergency Plan

Fill this in once, keep a copy at home and one in the car or bag. Review it twice a year.



WHO TO CALL

Contact	Name	Phone
Call first		
Second contact		
Out-of-town contact		
Doctor		

WHERE WE MEET

☐ Right outside our home

☐ Outside our neighborhood

Each person (allergies and medicines as listed by their doctor)

Person	Allergies	Medicines	Notes

CHECKLIST

- | | |
|---|--|
| ☐ Water and snacks | ☐ Copies of key documents |
| ☐ Flashlight and batteries | ☐ Spare glasses and medicines |
| ☐ First-aid kit | ☐ Pet supplies |
| ☐ Phone chargers | ☐ Cash in small bills |

Free iPhone app: Family Ready: Emergency Plan

Create a free offline Emergency Card, organize your household's important information and build a practical family emergency plan at your own pace.

Keep a printed copy only where you trust it. Do not write passwords, account numbers or ID numbers on this sheet.

