



Write your family's name above

### Family Emergency Communication Plan

#### HOUSEHOLD INFORMATION

Home #: .....  
 Address: .....  
 Name: ..... Mobile #: .....  
 Other # or social media: ..... Email: .....  
 Important medical or other information: .....

Name: ..... Mobile #: .....  
 Other # or social media: ..... Email: .....  
 Important medical or other information: .....

FOLD HERE

#### IN CASE OF EMERGENCY (ICE) CONTACT

Name: ..... Mobile #: .....  
 Home #: ..... Email: .....  
 Address: .....

#### OUT-OF-TOWN CONTACT

Name: ..... Mobile #: .....  
 Home #: ..... Email: .....  
 Address: .....

#### EMERGENCY MEETING PLACES

Indoor: .....  
 Instructions: .....  
 Neighborhood: .....  
 Instructions: .....

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Name: ..... Mobile #: .....  
 Other # or social media: ..... Email: .....  
 Important medical or other information: .....

Name: ..... Mobile #: .....  
 Other # or social media: ..... Email: .....  
 Important medical or other information: .....

Out-of-Neighborhood: .....  
 Address: .....  
 Instructions: .....  
 Out-of-Town: .....  
 Address: .....  
 Instructions: .....

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#### SCHOOL, CHILDCARE, CAREGIVER, AND WORKPLACE EMERGENCY PLANS

Name: .....  
 Address: .....  
 Emergency/Hotline #: ..... Website: .....  
 Emergency Plan/Pick-Up: .....

Name: .....  
 Address: .....  
 Emergency/Hotline #: ..... Website: .....  
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Name: .....  
 Address: .....  
 Emergency/Hotline #: ..... Website: .....  
 Emergency Plan/Pick-Up: .....

#### IMPORTANT NUMBERS OR INFORMATION

Police: ..... Dial 911 or #: .....  
 Fire: ..... Dial 911 or #: .....  
 Poison Control: ..... #: .....  
 Doctor: ..... #: .....  
 Doctor: ..... #: .....  
 Pediatrician: ..... #: .....  
 Dentist: ..... #: .....  
 Medical Insurance: ..... #: .....  
 Policy #: .....  
 Medical Insurance: ..... #: .....  
 Policy #: .....  
 Hospital/Clinic: ..... #: .....  
 Pharmacy: ..... #: .....  
 Homeowner/Rental Insurance: ..... #: .....  
 Policy #: .....  
 Flood Insurance: ..... #: .....  
 Policy #: .....  
 Veterinarian: ..... #: .....  
 Kennel: ..... #: .....  
 Electric Company: ..... #: .....  
 Gas Company: ..... #: .....  
 Water Company: ..... #: .....  
 Alternate/Accessible Transportation: ..... #: .....  
 Other: .....  
 Other: .....

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