

## Preparedness Communication Plan

Complete contact information for all members of the family. When disaster happens, your family may not be together. Plan how you will contact one another and review what you will do in different situations.

### Out of Area Contact:

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

City: \_\_\_\_\_

Ph # (day) \_\_\_\_\_

Ph # (night) \_\_\_\_\_

Cell # \_\_\_\_\_

### Local Contact:

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

City: \_\_\_\_\_

Ph # (day) \_\_\_\_\_

Ph # (night) \_\_\_\_\_

Cell # \_\_\_\_\_

### Nearest Relative:

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

City: \_\_\_\_\_

Ph # (day) \_\_\_\_\_

Ph # (night) \_\_\_\_\_

Cell # \_\_\_\_\_

### Family Work Numbers:

Mother \_\_\_\_\_

Father \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

### Family Members Information:

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

SS #: \_\_\_\_\_

Med. Info.: \_\_\_\_\_

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

SS #: \_\_\_\_\_

Med. Info.: \_\_\_\_\_

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

SS #: \_\_\_\_\_

Med. Info.: \_\_\_\_\_

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

SS #: \_\_\_\_\_

Med. Info.: \_\_\_\_\_

### Emergency Meeting Place: (outside of home)

Address \_\_\_\_\_

Ph # \_\_\_\_\_

### Emergency Meeting Place (Outside neighborhood)

Address \_\_\_\_\_

Ph # \_\_\_\_\_

### School:

Address \_\_\_\_\_

Ph # \_\_\_\_\_

### Other:

Address \_\_\_\_\_

Ph # \_\_\_\_\_

Important Information	Name	Telephone #	Policy #
Doctors			
Pharmacist			
Medical Insurance			
Homeowners/Rental Insurance			
Veterinarian/Kennel (pets)			
Health Department			
Gas Company			
Electric Company			
Water Company			
Telephone Company			
Other			