

Please include other important information on the back these cards.  
*Tip: Use tape or self-seal laminating sheets to extend the durability of your card.*

**ADDITIONAL INFORMATION:**

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**ADDITIONAL INFORMATION:**

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**ADDITIONAL INFORMATION:**

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**ADDITIONAL INFORMATION:**

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**IMPORTANT INSURANCE INFORMATION:**

Include important insurance information and note any prescription or other medical important information.

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

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

Policy Number: \_\_\_\_\_

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

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

Policy Number: \_\_\_\_\_

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

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

Policy Number: \_\_\_\_\_

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

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

Policy Number: \_\_\_\_\_

Other Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Dial 911 for Emergencies*

**TAKE AN ACTIVE ROLE IN YOUR SAFETY**

Visit [SJReady.org](http://SJReady.org) to stay informed and sign up for emergency notifications.

**SJReady**  
Office of Emergency Services  
[www.sjready.org](http://www.sjready.org)



[SJReady.org](http://SJReady.org)



[Facebook.com/sjcoes](https://Facebook.com/sjcoes)



[Twitter.com/SJC\\_OES](https://Twitter.com/SJC_OES)



[Instagram.com/SJC\\_OES](https://Instagram.com/SJC_OES)

# FAMILY EMERGENCY PLAN ✓



**SJReady**  
Office of Emergency Services  
[www.sjready.org](http://www.sjready.org)

# EMERGENCY INFORMATION

Make sure your family has a plan in case of an emergency. Before an emergency happens, sit down together and decide how you will get in contact with each other, where you will go and what you will do in an emergency. **Keep a copy of this plan in your emergency supply kit or another safe place where you can access it in the event of a disaster.**

## MEETING INFORMATION:

Neighborhood Meeting Place: \_\_\_\_\_

Out-of-Neighborhood Meeting Place: \_\_\_\_\_

Out-of-Town Meeting Place: \_\_\_\_\_

## FAMILY MEMBER INFORMATION:

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: \_\_\_\_\_

## FREQUENT LOCATIONS:

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 that you and your family need to know about.

Work - Address: \_\_\_\_\_

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

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

Work - Address: \_\_\_\_\_

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

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

Work - Address: \_\_\_\_\_

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

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

School - Address: \_\_\_\_\_

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

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

School - Address: \_\_\_\_\_

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

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

School - Address: \_\_\_\_\_

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

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

Other - Address: \_\_\_\_\_

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

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

Other - Address: \_\_\_\_\_

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

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

Fill out these cards and give one to each member of your family to make sure they know who to call and where to meet in case of an emergency.

### FAMILY EMERGENCY PLAN

Emergency Contact Name: \_\_\_\_\_

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

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

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

Neighborhood Meeting Place: \_\_\_\_\_

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

Other Important Information: \_\_\_\_\_

*Dial 911 for Emergencies*



### FAMILY EMERGENCY PLAN

Emergency Contact Name: \_\_\_\_\_

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

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

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

Neighborhood Meeting Place: \_\_\_\_\_

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

Other Important Information: \_\_\_\_\_

*Dial 911 for Emergencies*



### FAMILY EMERGENCY PLAN

Emergency Contact Name: \_\_\_\_\_

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

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

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

Neighborhood Meeting Place: \_\_\_\_\_

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

Other Important Information: \_\_\_\_\_

*Dial 911 for Emergencies*



### FAMILY EMERGENCY PLAN

Emergency Contact Name: \_\_\_\_\_

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

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

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

Neighborhood Meeting Place: \_\_\_\_\_

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

Other Important Information: \_\_\_\_\_

*Dial 911 for Emergencies*