



Household Emergency Plan

Keep this plan with your supplies, & emergency kit. Save a PDF of this plan as well and email it to yourself for a backup.

Emergency Contact

Name: _____ *Text messages use less bandwidth than voice calls and can be more reliable in a disaster.*
City: _____
Cell Phone: _____ Home Phone: _____ Work Phone: _____

Out-of-State Contact

Name: _____ *Local phone services could be disrupted during an emergency, but long-distance calls may still go through.*
City: _____
Cell Phone: _____ Home Phone: _____ Work Phone: _____

Emergency Telephone Numbers

Dial 911 for Emergencies

Dial 211 for free, 24/7 info about critical health and human services available in your community.

Poison Control: 1-800-222-1222

Non-Emergency Local Police: _____

Meeting Places

1. Neighborhood Meeting Place: _____
Address: _____
Phone: _____
2. Outside of Neighborhood Meeting Place (in case you cannot return home):

Address: _____
Phone: _____
Additional Instructions:

In case you are separated from household members in an emergency, there are services available such as the Red Cross Safe and Well website that allows you list yourself as "safe and well" or search for others who have registered. The site is available at <https://safeandwell.communityos.org>.

Work and School Information

Include any important phone numbers and emergency plan information for your household members' work or school locations.

Work: _____
Work Phone: _____
Work: _____
Work Phone: _____
Emergency Plan Info/Evacuation Locations:

School: _____
School Phone: _____
School: _____
School Phone: _____
Emergency Plan Info/Evacuation Locations:



Insurance Information

Homeowners/Rental: _____ Policy Number: _____ Phone: _____
Auto: _____ Policy Number: _____ Phone: _____
Health: _____ Policy Number: _____ Phone: _____

Household Member Health Information

Name: _____
Birth date: _____
Medical conditions: _____
Medications: _____
Doctor: _____
Doctor Phone: _____
Doctor Address: _____
Pharmacist: _____
Additional Info: _____

Name: _____
Birth date: _____
Medical conditions: _____
Medications: _____
Doctor: _____
Doctor Phone: _____
Doctor Address: _____
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Medical conditions: _____
Medications: _____
Doctor: _____
Doctor Phone: _____
Doctor Address: _____
Pharmacist: _____
Additional Info: _____

Pets

Name: _____
Type of Pet: _____
Veterinarian: _____
Phone: _____
Medical conditions: _____
Medications: _____
Additional Info: _____

Name: _____
Type of Pet: _____
Veterinarian: _____
Phone: _____
Medical conditions: _____
Medications: _____
Additional Info: _____

Keep copies of bank account and credit card info in a secure location with plan.