



# Family Emergency Action Plan

## Family Member/ Household Contact Information

Name:	Cell #:	Work/School #:	Email:	Family Address:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Home Phone:**  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Risk Analysis** What potential events would likely effect our household? Check all that apply.

### Natural Disasters:

- Avalanche  Blizzard / Ice Storm  Drought  Earthquake  Fire  Flood  Landslide
- Tornado/Severe Storm  Hurricane  Tsunami  Volcano  Famine / Epidemic
- Other \_\_\_\_\_

### Man-Made Disasters:

- Transportation Accident (Aviation crash, train derailment, etc)  Industrial / Chemical Accident
- Dam / Levee Failure  Nuclear Event  Terrorism  Civil Unrest  Other \_\_\_\_\_

Do we have any risk factors to our home/ residence? (Over hanging trees, nearby water source, etc.)

Potential risks are: \_\_\_\_\_

## Action Plan

Primary Escape Route

\_\_\_\_\_

Primary Meeting Point

\_\_\_\_\_

Secondary Escape Route

\_\_\_\_\_

Secondary Meeting Point

\_\_\_\_\_

Safety improvements we can make to our home/ residence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Family Emergency Action Plan

## Emergency Contacts (Out of area contacts)

Name:	Address:	Phone #:
_____	_____	_____
_____	_____	_____

## Our plan for family members with disabilities or special needs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Children's school/ daycare information:

Name:	School/ daycare evacuation location:
_____	_____
_____	_____
_____	_____
_____	_____

## Our sheltering-in-place plan is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Our evacuation plan is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Preparation checklist:

**Go-Bag**

Prepare a go-bag that is accessible in the event of evacuation. Pack enough nonperishable food and water to last each individual a minimum of 72 hours. Include prescription medication, eye glasses, and any other necessary items.

**Shelter-in-Place kit:**

Stock enough nonperishable food and water to last each individual a minimum of 5 - 7 days. Include flashlights, extra batteries, blankets, and a means of cooking food.

**Financial Information:**

Obtain copies of important financial records and documents. Have copies of social security cards, credit cards, bank statement, utility bill.

**Medical Information:**

Prepare a list of important family medical information. Include each individuals medical history, allergies, medications, and physician information.

**Share Plan**

Plan has been communicated with all family members and emergency contacts



# Family Emergency Action Plan

If we are separated during disaster our plan is:

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**Family member responsibilities:**

Name	Responsible for:
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Pet plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Pet supplies needed: \_\_\_\_\_  
\_\_\_\_\_  
Pet friendly hotels: \_\_\_\_\_  
\_\_\_\_\_

**Other important information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Update your emergency action plan at least once a year and communicate with all family members.

Plan last updated on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_