

Simple Family Emergency Plan

Family Name:	
Home Address:	
Primary Phone Number:	

Household Members

Name	Phone Number	Medical Needs / Allergies

Emergency Contacts

Out-of-Area Contact Name:	
Phone:	
Relationship:	

Meeting Locations

Primary Meeting Place:	
Secondary Meeting Place:	
Evacuation Destination:	
Destination Address:	
Destination Phone:	

Evacuation Plan

Primary Exit Route:	
Secondary Exit Route:	
Neighborhood Exit Route 1:	
Neighborhood Exit Route 2:	

Emergency Supply Locations

Home Emergency Supplies Location:	
Go-Bag Storage Location:	
Vehicle Emergency Kit Location:	

Family Emergency Responsibilities

Task	Assigned Family Member
Grab Emergency Kit	
Assist Children	
Assist Pets	
Shut Off Utilities	
Call Emergency Contacts	

Notes & Special Instructions
