



Our plan was last updated on: _____
Our next update will occur on: _____

Family Emergency Plan – **Optional Supplemental Page**

Additional Family Members’ Contact Info: (List additional family members not previously listed)

Name	Cell Phone Number	Year Born

Additional Medical Conditions: (List additional medical needs not previously listed)

Family Member Name	Medication	Dosage	Medical/Special Needs	Doctor’s Name & Phone Number

Pet Information

Pet Name	Type and Breed	Color	Registration Number	Vet’s Name and Phone Number

Other Essential Information:

On the back of this sheet paste labeled photos of family members. Make sure to note their name and age.

On a separate sheet draw a plan of your home showing safe rooms where you can shelter in place, exits out of the housing structure, and where to turn off water, electricity and gas lines.