



.....
Write your family's name above

Family Emergency Communication Plan

HOUSEHOLD INFORMATION

Home #:

Address:

Name: Mobile #:

Other # or social media: Email:

Important medical or other information:

Name: Mobile #:

Other # or social media: Email:

Important medical or other information:

Name: Mobile #:

Other # or social media: Email:

Important medical or other information:

Name: Mobile #:

Other # or social media: Email:

Important medical or other information:

SCHOOL, CHILDCARE, CAREGIVER, AND WORKPLACE EMERGENCY PLANS

Name:

Address:

Emergency/Hotline #: Website:

Emergency Plan/Pick-Up:

Name:

Address:

Emergency/Hotline #: Website:

Emergency Plan/Pick-Up:

Name:

Address:

Emergency/Hotline #: Website:

Emergency Plan/Pick-Up:

Name:

Address:

Emergency/Hotline #: Website:

Emergency Plan/Pick-Up:

IN CASE OF EMERGENCY (ICE) CONTACT

Name: Mobile #:

Home #: Email:

Address:

OUT-OF-TOWN CONTACT

Name: Mobile #:

Home #: Email:

Address:

EMERGENCY MEETING PLACES

Indoor:

Instructions:

.....

Neighborhood:

Instructions:

.....

Out-of-Neighborhood:

Address:

Instructions:

.....

Out-of-Town:

Address:

Instructions:

.....

IMPORTANT NUMBERS OR INFORMATION

Police: Dial 911 or #:

Fire: Dial 911 or #:

Poison Control: #:

Doctor: #:

Doctor: #:

Pediatrician: #:

Dentist: #:

Medical Insurance: #:

Policy #:

Medical Insurance: #:

Policy #:

Hospital/Clinic: #:

Pharmacy: #:

Homeowner/Rental Insurance: #:

Policy #:

Flood Insurance: #:

Policy #:

Veterinarian: #:

Kennel: #:

Electric Company: #:

Gas Company: #:

Water Company: #:

Alternate/Accessible Transportation: #:

Other:

Other:

LEARN MORE AT

getprepared.in.gov