

Family Emergency Plan

Your family may not be together when disaster strikes, so plan what you will do in different situations and plan how you will contact one another.

Preparedness Empowers You. It saves lives, property, and time.

Evacuation Plan				
Neighborhood Meeting Place:	Phone:	Phone:		
Out of Neighborhood Meeting Place:				
Communication Plan				
 Fill in the information below. Add other important Keep this plan with your emergency supplies kit, a File a copy of emergency contact information with Make sure every family member has the most important 	along with your command's standard the command ombudsman and the c	and emergency muster procedures. command to be opened only in case of emergency.		
Where the family spends time				
Home:	School:	School:		
Address:	Address:			
Phone:	Phone:			
Evacuation Location:				
's Work:	School:	School:		
Address:				
Phone:	Phone:			
Evacuation Location:	Evacuation Locati	Evacuation Location:		
''s Work:	Other place you	Other place you frequent:		
Address:				
Phone:				
Evacuation Location:	Evacuation Location:			
Contact information				
Out-of-Town Contact:	Phone:			
E-Mail:				
Quarterdeck Phone:	Admin Office:			
Command Duty Officer (CDO):	Ombudsman:			
Navy-Wide Emergency Call Center phone: 1-877-414-535	58 (TDD number: 1-866-297-1971)			
Family members				
Name:	Birth Date:	Social Security #:		
Drivers License #:				
Prescriptions/Medical Information:	-			
Name:	Birth Date:	Social Security #:		
Drivers License #:	Passport #:			
Prescriptions/Medical Information:				
Name:	Birth Date:	Social Security #:		
Drivers License #:	Passport #:			
Prescriptions/Medical Information:				
Name	Rirth Date:	Social Security #		



Drivers License #: __

Prescriptions/Medical Information: __

Family Emergency Plan



Family members - continued

Name:	Birth Date:	Social Security #:
Drivers License #:		
Prescriptions/Medical Information:		
Name:	Birth Date:	Social Security #:
Drivers License #:		
Prescriptions/Medical Information:		
Important contacts and insurance policy numbers		
Name	Phone	Policy#
Doctor(s):		
Doctor(s):		
Dentist:		
Pharmacy:		
Veterinarian/Kennel:		
Medical Insurance:		
Dental Insurance:		
Homeowners/Renters Insurance:		
Automobile Insurance:		
Life Insurance:		
Provisions for Utilities		
In various emergency situations, whether you shelter-in-place o	r evacuate, vou may he advi	sed to cut off ventilation systems or utilities
Write the locations of, and instructions for, these controls and an		
good thing to review and practice with the whole family.)	-,	(
Electricity:		
Gas:		
Water:		
Ventilation:		
Important Records		
Use these checklists to help collect important papers to keep wi	th vour emergency sunnly k	it for ready access in case of evacuation. If not
regularly used, place important records in a waterproof/firepro		
Personal	Financial	y a construction of the second
☐ Military ID cards	☐ Bank/credit union stat	tements
□ Driver's licenses	☐ Credit/debit card state	
☐ Birth certificates/adoption records	,	ding government benefits, child support, and alimony)
□ Social Security cards		r lease
□ Passports	☐ Bills (electricity, gas, w	
☐ Citizenship papers	☐ Health insurance cards	
☐ Marriage licenses, divorce records	☐ Other insurance recor	
☐ Vehicle registration/ownership records	☐ Tax returns, property	
☐ Medical records	☐ Investment/retiremen	
☐ Immunization records	,	
□ Power(s) of attorney (personal/property)		
□ Wills		
$\hfill\square$ Household goods inventory from last three PCS moves		
Other important information		



Family Emergency Plan



Fill out these cards and give one to each member of your family to make sure they know who to call and where to meet in case of an emergency. Use this card for any additional information needed to supplement the primary and alternate command points of contact provided on Navy-issued wallet cards.

	Jo of	
Additional Important Phone Numbers & Information:		Additional Important Phone Numbers & Information:
Family Emergency Plan Emergency Contact Name: Telephone: Out-Of-Town Contact Name: Telephone: Neighborhood Meeting Place: Telephone: Out of Neighborhood Meeting Place: Telephone: DIAL 911 OR YOUR LOCAL EMERGENCY NUMBER	< FOLD HERE >	Family Emergency Plan Emergency Contact Name: Telephone: Out-Of-Town Contact Name: Telephone: Neighborhood Meeting Place: Telephone: Out of Neighborhood Meeting Place: Telephone: DIAL 911 OR YOUR LOCAL EMERGENCY NUMBER
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