

<u>FAMILY DISASTER COMMUNICATION PLAN</u>	
<b><u>PRIMARY CONTACT INFORMATION</u></b> Home Address: _____ Names of persons at this address: _____ Home Phone: _____	
<b><u>WORK INFORMATION</u></b> Adult name: _____ Work phone: _____ Cell / Pager #'s: _____ Email address: _____ Employer's name: _____ Work hours: _____	<b><u>WORK INFORMATION</u></b> Adult name: _____ Work phone: _____ Cell / Pager #'s: _____ Email address: _____ Employer's name: _____ Work hours: _____
<b><u>DEPENDENTS – children, elderly, pets</u></b> 1. Name: _____ Age: _____ Location: _____ ----- 2. Name: _____ Age: _____ Location: _____ ----- 3. Name: _____ Age: _____ Location: _____ ----- 4. Name: _____ Age: _____ Location: _____ ----- 5. Name: _____ Age: _____ Location: _____	<b><u>School / Organization Contact Information</u></b> ----- ----- ----- ----- -----
<b><u>OUT OF STATE CONTACT (100+ miles away)</u></b> Name: _____ City: _____ Day Phone: _____ Evening Phone: _____	<b><u>LOCAL EMERGENCY CONTACT</u></b> Name: _____ City: _____ Day Phone: _____ Evening Phone: _____
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<b><u>PRIMARY CONTACT INFORMATION</u></b> Home Address: _____ Names of persons at this address: _____ Home Phone: _____	
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**FAMILY DISASTER COMMUNICATION PLAN**

**OTHER ADULT CONTACTS**

1. Name:  
Location:  
Day phone:  
Evening Phone:

-----

3. Name:  
Location:  
Day phone:  
Evening Phone:

-----

2. Name:  
Location:  
Day phone:  
Evening Phone:

4. Name:  
Location:  
Day phone:  
Evening Phone:

**REUNION LOCATIONS**

Right outside your home.

Away from the neighborhood, in case you cannot return home.

Address:

Phone:

**EMERGENCY TELEPHONE NUMBERS**

In a life threatening emergency, dial **911**

Hospital:

**MEDICAL**

Family Physicians

1. Name:  
Phone:

2. Name:  
Phone:

**MEDICAL AND ALLERGY INFORMATION**

(Please list important medical information for your family. Include their name, medication they may be on, allergies they may have, and any special needs they may have.)

**FAMILY DISASTER COMMUNICATION PLAN**

**OTHER ADULT CONTACTS**

1. Name:  
Location:  
Day phone:  
Evening Phone:

-----

3. Name:  
Location:  
Day phone:  
Evening Phone:

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2. Name:  
Location:  
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4. Name:  
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