Family Preparedness Plan

The _____Family Disaster Plan

Last Updated: _____

Names of People in this Family:

_____ _____

_____ _____

_____ _____

Our Designated Meeting Places:

In the event of the need to immediately evacuate our house, or in the event that we come home and see the house in flames, it is important that we have a designated meeting place outside of our home so that we know that everyone is out and safe.

Our immediate outside place is
:_____

In the event that we would not be able to enter our neighborhood or had to leave our neighborhood for reasons such as a flood, hazardous materials spill or other neighborhood evacuation,

Our meeting place outside of our neighborhood is:

_____

Our Designated Out of Town Contacts:

In many emergencies, it is easier to contact someone out of town than to make a local call. For this reason, it is necessary to designate an out of town contact that we will call to let know our condition and our whereabouts in time of emergency when we may not be able to get in touch with each other.

Designated Out of Town Contact:

Name_____ Phone:

_____

In the event that we cannot contact that person, the back up contact is:

Name_____ Phone:

_____

Emergency Telephone Numbers:

_____

For All Emergencies: 9-1-1

Office of Emergency Services:

_____

Poison Control Center:

_____

Fire Department:

_____

Police or Sheriff:

_____

Hospital:

_____

American Red Cross Chapter:

_____

Salvation Army:

_____

VA State Police:

_____

Health Department:

_____

National Response Center (Chemical, Oil Spills, Chemical/Biological Terrorism): 800-424-8802

Power Emergency Number:

_____

Acct. #

_____

Telephone:

_____

Cellular Phones:

_____

TV Cable:

_____

Heating Fuel:

_____

Propane:

_____

Acct. #

_____

Pump Septic Tank:

_____

Water Pump Service:

_____

Other Important Numbers:

_____

Our Neighbors' Telephone Numbers:

Name:

_____

Address:

_____

Phone #:

_____

Cell Phone
#:_____

Name:

_____

Address:

_____

Phone #:

_____

Cell Phone
#:_____

Name:

_____

Address:

_____

Phone #:

_____

Cell Phone
#:_____

Name:

_____

Address:

_____

Phone #:

_____

Cell Phone
#:_____

Our Insurance Policies:

_____

Health Insurance Information

Company Name:

_____

Group Name or #:

_____

Subscriber:

_____

Social Security #:

_____

Telephone #:

_____

Other Information:

_____

Dental/Optical Insurance Information

Company Name:

_____

Group Name or #:

_____

Subscriber:

_____

Telephone #:

_____

Other Information:

_____

Flood Insurance

Company Name:

_____

Group Name or #:

_____

Subscriber:

_____

Telephone #:

_____

Other Information:

_____

Life Insurance Information

Company Name:

_____

Group Name or #:

_____

Subscriber:

_____

Telephone #:

_____

Other Information:

_____

House Insurance Information

Company Name:

_____

Group Name or #:

_____

Subscriber:

_____

Telephone #:

_____

Other Information:

_____

Business Insurance

Company Name:

_____

Group Name or #:

_____

Subscriber:

_____

Telephone #:

_____

Other Information:

_____

Vehicle Insurance Information

Company Name:

_____

Group Name or #:

_____

Subscriber:

_____

Telephone #:

_____

Other Information:

_____

Our Family Medical Information:

_____

Medical Information (Name):

_____

Doctor's Name & Phone Number:

_____

Dentist's Name & Phone Number:

_____

Pharmacy Name & Phone Number:

_____

Prescriptions:

RX #:

_____

Drug Name & Dose:

_____

Doctor:

_____

RX #:

_____

Drug Name & Dose:

_____

Doctor:

_____

RX #:

_____

Drug Name & Dose:

_____

Doctor:

_____

Medical Information (Name):

_____

Doctor's Name & Phone Number:

_____

Dentist's Name & Phone Number:

_____

Pharmacy Name & Phone Number:

_____

Prescriptions:

RX #:

_____

Drug Name & Dose:

_____

Doctor:

_____

RX #:

_____

Drug Name & Dose:

_____

Doctor:

_____

RX #:

_____

Drug Name & Dose:

_____

Doctor:

_____

Medical Information (Name):

_____

Doctor's Name & Phone Number:

_____

Dentist's Name & Phone Number:

_____

Pharmacy Name & Phone Number:

_____

Prescriptions:

RX #:

_____

Drug Name & Dose:

_____

Doctor:

_____

RX #:

_____

Drug Name & Dose:

_____

Doctor:

_____

RX #:

_____

Drug Name & Dose:

_____

Doctor:

_____

Medical Information-Animals:

_____

Animal's Name:

_____

Species:

_____

Breed or Type:

_____

Age as of _____**:** _____

Sex: _____ Date Spayed or Neutered: _____

Color/Markings:

_____

Rabies Tag #:

_____

Last Trip to the Vet:

_____

Any illnesses or major surgeries:

_____

Veterinarian:

_____

Address & Phone:

_____

Pet-friendly hotel:

_____

Boarding Kennel:

_____

Animal Hospital for Boarding:

_____

Friend or pet sitter:

_____

Pictures of pet alone and with her/his family are attached.

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