FAMILY EMERGENCY PLAN

Family name: _____
Last updated: ___ / ___ / _____

1 Our household everyone who lives here

Name	Cell phone	Medicines, allergies or special needs

2 Where we meet pick three places, nearest first

Right outside
fire, gas leak

In our neighborhood
we can't get home

Out of town
we have to leave the area

How we get there *main road, and a second way if it is blocked*

3 Our out-of-town contact one person everyone checks in with

Name **Phone**

Long-distance calls and texts often get through when local lines are jammed. Everyone texts this person: where you are and that you are OK.

4 Who picks up whom children, older parents, anyone who can't get home alone

Who	Where they usually are	Picked up by	Backup

Tell each school or daycare in writing who is allowed to pick your child up.

5 Shutoffs where they are, and what tool you need

Water **Gas**

Electric panel **Tool kept**

Only turn off the gas if you smell gas or are told to. The gas company has to turn it back on.

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Keep a copy in every bag, every car, and at work.

6 How we reach each other

four ways, in order: try the next one when one fails

Level	How	When we try it
Primary first choice	*for example: call each other's cell*	
Alternate if that fails	*for example: text (texts often get through when calls don't)*	
Contingency phones are down	*for example: radio, channel ____ (plain words, no codes)*	
Emergency nothing works	*for example: go to our neighborhood meeting place*	

7 If we hear nothing

what each of us does, without talking to each other

After	Do this
2 hours	*try the next way to reach each other*
12 hours	
24 hours	*go to the out-of-town meeting place*
Still no word	

8 Important numbers

Emergency	911	**Power outages**	
Poison control	1-800-222-1222	**Water / gas**	
Doctor		**Insurance**	
Pharmacy		**School(s)**	
Vet		**Work**	

9 Pets

who grabs them, and where they can stay

10 Done? Check it off

- ☐ Everyone has a copy
- ☐ Contact saved in every phone
- ☐ Kids know the meeting places
- ☐ School pickup list is up to date
- ☐ We walked to the neighborhood spot
- ☐ We practice twice a year

Want this filled in for your own county? WATCHMAN Suite maps the hospitals, routes and radio repeaters near your home and prints a full plan for every need. **watchmansuite.com**