FAMILY EMERGENCY PLAN TEMPLATE
Family Emergency Plan
Fire • Police • Medical
Dial 9-1-1

Places to meet if family members become separated:
1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________

Out-of-town relative for relaying messages to family members:
Name: _______________________________________________________
Address: _______________________________________________________
Phone: _________________________________________________________

Family Information:
Father’s Work Address/Phone: ____________________________
Mother’s Work Address/Phone: ____________________________

Child’s School Address/Phone: ____________________________
School policy is to: ☐ Hold children  ☐ Release children

Child’s School Address/Phone: ____________________________
School policy is to: ☐ Hold children  ☐ Release children

Utilities:
Gas shutoff: ________________________________________________
Water shutoff: ________________________________________________
Electric shutoff: ________________________________________________

Emergency Supplies: (type and location)
__________________________________________________________________________
__________________________________________________________________________

Doctor: ____________________________ Dentist: ____________________________
Hospital: __________________________ Ambulance: __________________________
Medical insurance number: __________________________

Nearest Medical Center: __________________________
Nearest Fire Station: __________________________

Poison Control Center: 1-800-876-4766