Family Emergency Plan
BeReadyUtah.gov

Make sure your family has a plan in case of an emergency. Before an emergency happens, sit down together and decide how you will get in contact with each other, where you will go and what you will do in an emergency. Keep a copy of this plan in your emergency supply kit or another safe place where you can access it in the event of a disaster.

Out-of-Town Contact Name: ___________________________ Telephone Number: ___________________________
Email: ___________________________ Telephone Number: ___________________________
Neighborhood Meeting Place: ___________________________________________________________
Regional Meeting Place: ______________________________________________________________
Evacuation Location: _________________________________________________________________

Fill out the following information for each family member and keep it up to date.

Name: ___________________________ Date of Birth: ___________________________
Social Security Number: ___________________________ Important Medical Information: ___________________________
Important Medical Information: ___________________________
Name: ___________________________ Date of Birth: ___________________________
Social Security Number: ___________________________ Important Medical Information: ___________________________
Important Medical Information: ___________________________
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Social Security Number: ___________________________ Important Medical Information: ___________________________
Important Medical Information: ___________________________

Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare providers, workplaces and apartment buildings should all have site-specific emergency plans that you and your family need to know about.

Work Location One
Address: __________________________________________
Phone Number: __________________________________
Evacuation Location: __________________________________

Work Location Two
Address: __________________________________________
Phone Number: __________________________________
Evacuation Location: __________________________________

Other Place You Frequent
Address: __________________________________________
Phone Number: __________________________________
Evacuation Location: __________________________________

School Location One
Address: __________________________________________
Phone Number: __________________________________
Evacuation Location: __________________________________

School Location Two
Address: __________________________________________
Phone Number: __________________________________
Evacuation Location: __________________________________

School Location Three
Address: __________________________________________
Phone Number: __________________________________
Evacuation Location: __________________________________

Important Information

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<thead>
<tr>
<th>Name</th>
<th>Telephone Number</th>
<th>Policy Number</th>
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<tbody>
<tr>
<td>Doctor(s):</td>
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<tr>
<td>Pharmacist:</td>
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<td>Medical Insurance:</td>
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<td>Home Insurance:</td>
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<td>Veterinarian/Kennel:</td>
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