

EMERGENCY PREPAREDNESS CHECKLIST

FAMILY EMERGENCY PLANNING FORM



This **FAMILY EMERGENCY PLANNING FORM** is for everyone in your home. Have a family meeting to talk about disasters. Fill out this form together.

When you have finished completing this form, make extra copies. Put a copy in your **GO BAG**. Everyone in your home should also have one. Put a copy near your phone or on your refrigerator. It should be easy to find.

Date of last review and update of this form:

____/____

OUT-OF-TOWN CONTACT NAME: _____ **PHONE:** _____

EMAIL: _____

FAMILY EVACUATION PLAN

Date of last practice evacuation (in case of house fire, wildfire, flood, etc.): ____/____

1. Is there a family member that has **limited mobility or no mobility**? Yes No

If yes, has the family practiced getting the person out of the home? Yes No

2. Is there a family member that has a **mobility device and/or service animal**? Yes No

If yes, has the family practiced getting the person out both *with* AND *without* the mobility device and/or service animal? Yes No

3. Is there a family member with a **disability who needs assistance**? Yes No

Person responsible for assisting family member: _____

Contact Information: _____

A copy of this **FAMILY EMERGENCY PLANNING FORM** has been given to a trusted third party: Yes No

Name: _____ Contact Information: _____

Designated Meeting Location: _____

Outside the home: _____ Outside the neighborhood: _____

Outside the region/state: _____ Local Disaster Center or Community Center: _____

FAMILY CODE WORD

Code Word: _____

Date of last code word: ____/____

EMAIL ADDRESSES AND PHONE NUMBERS

Doctor #1: _____

Email: _____ Phone: _____

Doctor #2: _____

Email: _____ Phone: _____

Pharmacy: _____

Email: _____ Phone: _____

Insurance: _____

Medical #1 Email: _____ Phone: _____

Medical #2 Email: _____ Phone: _____

Home/Rental: _____ Phone: _____

Vehicle: _____ Phone: _____

Other: _____

(continued on back)

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EMAIL ADDRESSES AND PHONE NUMBERS (continued)

Veterinarian: _____

Email: _____ Phone: _____

Work #1: _____

Email: _____ Phone: _____

Work #2: _____

Email: _____ Phone: _____

School #1: _____

Email: _____ Phone: _____

School #2: _____

Email: _____ Phone: _____

Other Location: _____

Email: _____ Phone: _____

HOUSEHOLD MEMBERS

Name #1: _____ **Date of Birth:** _____

I know the **Name, Phone Number** and **Email**

I know the **Designated Meeting Location**
outside the home and/or outside the region/state

I know the family **Code Word** and how to use it

My **GO BAG** is up-to-date

Important Medical Information: _____

Name #2: _____ **Date of Birth:** _____

I know the **Name, Phone Number** and **Email**

I know the **Designated Meeting Location**
outside the home and/or outside the region/state

I know the family **Code Word** and how to use it

My **GO BAG** is up-to-date

Important Medical Information: _____

Name #3: _____ **Date of Birth:** _____

I know the **Name, Phone Number** and **Email**

I know the **Designated Meeting Location**
outside the home and/or outside the region/state

I know the family **Code Word** and how to use it

My **GO BAG** is up-to-date

Important Medical Information: _____

Name #4: _____ **Date of Birth:** _____

I know the **Name, Phone Number** and **Email**

I know the **Designated Meeting Location**
outside the home and/or outside the region/state

I know the family **Code Word** and how to use it

My **GO BAG** is up-to-date

Important Medical Information: _____

Name #5: _____ **Date of Birth:** _____

I know the **Name, Phone Number** and **Email**

I know the **Designated Meeting Location**
outside the home and/or outside the region/state

I know the family **Code Word** and how to use it

My **GO BAG** is up-to-date

Important Medical Information: _____