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: ____________________________ Phone: ____________________________

This Family Emergency Planning Form is part of the Wisconsin Council on Physical Disabilities Be Prepared, Have a Plan: Emergency Preparedness Toolkit, made possible by the FEMA 2012 Community Resilience Innovation Challenge grant and by the Wisconsin Division of Public Health Emergency Preparedness (PHEP) program.
**EMERGENCY PREPAREDNESS FORM**

**FAMILY EMERGENCY PLANNING FORM**

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**EMAIL ADDRESSES AND PHONE NUMBERS (continued)**

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**HOUSEHOLD MEMBERS**

**Name #1:**
- ☐ I know the out-of town contact’s Name, Phone Number and Email
- ☐ I know the Designated Meeting Location outside the home and/or outside the region/state
- ☐ My MEDICAL INFORMATION AND EMERGENCY HEALTH CARE PLAN is complete and up-to-date
- ☐ I know the family Code Word and how to use it
- ☐ My MEDICAL EMERGENCY WALLET CARD is complete and up-to-date
- ☐ My GO BAG is up-to-date

**Date of Birth:**

**Name #2:**
- ☐ I know the out-of town contact’s Name, Phone Number and Email
- ☐ I know the Designated Meeting Location outside the home and/or outside the region/state
- ☐ My MEDICAL INFORMATION AND EMERGENCY HEALTH CARE PLAN is complete and up-to-date
- ☐ I know the family Code Word and how to use it
- ☐ My MEDICAL EMERGENCY WALLET CARD is complete and up-to-date
- ☐ My GO BAG is up-to-date

**Date of Birth:**

**Name #3:**
- ☐ I know the out-of town contact’s Name, Phone Number and Email
- ☐ I know the Designated Meeting Location outside the home and/or outside the region/state
- ☐ My MEDICAL INFORMATION AND EMERGENCY HEALTH CARE PLAN is complete and up-to-date
- ☐ I know the family Code Word and how to use it
- ☐ My MEDICAL EMERGENCY WALLET CARD is complete and up-to-date
- ☐ My GO BAG is up-to-date

**Date of Birth:**

**Name #4:**
- ☐ I know the out-of town contact’s Name, Phone Number and Email
- ☐ I know the Designated Meeting Location outside the home and/or outside the region/state
- ☐ My MEDICAL INFORMATION AND EMERGENCY HEALTH CARE PLAN is complete and up-to-date
- ☐ I know the family Code Word and how to use it
- ☐ My MEDICAL EMERGENCY WALLET CARD is complete and up-to-date
- ☐ My GO BAG is up-to-date

**Date of Birth:**

**Name #5:**
- ☐ I know the out-of town contact’s Name, Phone Number and Email
- ☐ I know the Designated Meeting Location outside the home and/or outside the region/state
- ☐ My MEDICAL INFORMATION AND EMERGENCY HEALTH CARE PLAN is complete and up-to-date
- ☐ I know the family Code Word and how to use it
- ☐ My MEDICAL EMERGENCY WALLET CARD is complete and up-to-date
- ☐ My GO BAG is up-to-date

**Date of Birth:**

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**GO BAG**

**MEDICAL EMERGENCY WALLET CARD**

**Designated Meeting Location**

**is complete and up-to-date**

**EMAIL ADDRESSES AND PHONE NUMBERS**

**Code Word**

**and how to use it**

**Date of Birth:**

**Date of Birth:**

**Date of Birth:**

**Date of Birth:**

**Date of Birth:**