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2. You will then be able to fill out this form and when you save it again, your information will also be saved.
3. You are now ready to print as many copies as you like. More helpful docs can be found at [www.medipal.com](http://www.medipal.com)

# The Family Disaster Plan

## Dial 911 in case of emergencies

Fill out your home address and keep it up to date.

Address

Apt #

City

State

Zip Code

County

Home Phone

()  -

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

### **Adult Family Member #1- Head of Household**

Last Name

Date of birth (MMDDYYYY)

First Name

Middle Name

E-mail Address

Cell Phone

()  -

Important Medical Information: List any allergies, medications, medical conditions

Employer

Address

Suite #

City

State

Zip Code

Work E-mail Address

Work Phone

()  -



# **Child Family Member #1**

Last Name

Date of birth (MMDDYYYY)

First Name

Middle Name

*Address same as Head of Household*

Relationship to Head of Household

Address (if different from Head of Household)

Apt #

City

State

Zip code

County

Phone

Email Address

Cell Phone

Important Medical Information: List any allergies, medications, medical conditions

Name of School or Caregiver

Address

Suite #

City

State

Zip Code

Name of Teacher or Caregiver

School Phone

## **Child Family Member #2**

Last Name

Date of birth (MMDDYYYY)

First Name

Middle Name

*Address same as Head of Household*

Relationship to Head of Household

Address (if different from Head of Household)

Apt #

City

State

Zip code

County

Phone

Email Address

Cell Phone

Important Medical Information: List any allergies, medications, medical conditions

Name of School or Caregiver

Address

Suite #

City

State

Zip Code

Name of Teacher or Caregiver

School Phone

### **Child Family Member #3**

Last Name

Date of birth (MMDDYYYY)

First Name

Middle Name

*Address same as Head of Household*

Relationship to Head of Household

Address (if different from Head of Household)

Apt #

City

State

Zip code

County

Phone

Email Address

Cell Phone

Important Medical Information: List any allergies, medications, medical conditions

Name of School or Caregiver

Address

Suite #

City

State

Zip Code

Name of Teacher or Caregiver

School Phone

## Child Family Member #4

Last Name

Date of birth (MMDDYYYY)

First Name

Middle Name

*Address same as Head of Household*

Relationship to Head of Household

Address (if different from Head of Household)

Apt #

City

State

Zip code

County

Phone

Email Address

Cell Phone

Important Medical Information: List any allergies, medications, medical conditions

Name of School or Caregiver

Address

Suite #

City

State

Zip Code

Name of Teacher or Caregiver

School Phone

## **Emergency Contacts**

### **Local Emergency Contact**

Last Name

First Name

Select best phone number  
to be reached at:

Home Phone  
()  -

Relationship

Work Phone  
()  -

E-mail Address

Cell Phone  
()  -

Address

Apt #

City

State

Zip code

### **Out-of-State Emergency Contact**

Last Name

First Name

Select best phone number  
to be reached at:

Home Phone  
()  -

Relationship

Work Phone  
()  -

E-mail Address

Cell Phone  
()  -

Address

Apt #

City

State

Zip code

## Designated Emergency / Disaster Meeting Locations

### **Local Meeting Place** (in case of evacuation) - Name/Description of Location

Address  Apt #

City  State  Zip code

E-mail Address  Phone (  )  -

Other  Cell Phone (  )  -

### **Regional Meeting Place** (in case of evacuation) - Name/Description of Location

Address  Apt #

City  State  Zip code

E-mail Address  Phone (  )  -

Other  Cell Phone (  )  -

### **Out-of-State Meeting Place** (in case of evacuation)-Name/Description of Location

Address  Apt #

City  State  Zip code

E-mail Address  Phone (  )  -

Other  Cell Phone (  )  -



**Additional Important Information**

**Doctor** - Name

Phone  
()  -

**Pediatrician or 2nd Doctor** - Name

Phone  
()  -

**Pharmacist** - Name

Phone  
()  -

**Veterinarian/Kennel** - Name

Phone  
()  -

**Medical Insurance** - Provider

Policy #

Family Member Covered

Phone

()  -

**Homeowners/Rental Insurance**

Provider

Policy #

Policy Holder

Phone

()  -

**Other** *(including any additional important contact information)*

## **Identify Your Disaster Risks**

Preparing your family for a disaster includes finding out what natural or man-made disasters pose a potential risk for you and your family. For example, do you or your family live, work or go to school in a flood plain or in a high fire danger area or in an earthquake zone?

Please take the time now to provide the contact information below for your local **Emergency Service Center** and your local chapter of the **American Red Cross**. These organizations can help you identify risks in your area.

### **Our local Emergency Service Center:**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Phone:** \_\_\_\_\_

### **Our local American Red Cross Chapter:**

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Phone:** \_\_\_\_\_

In the Event of an Emergency Dial:

# **911**

***Letter to Out-of-State Contact:***

Dear \_\_\_\_\_,

Recently, my family and I created a family disaster plan so that each of us will know exactly what to do if and when a disaster strikes.

Our preparations include you as our out-of-state emergency contact. During an emergency, it may be easier to make long distance calls than local calls, so if any of our family members are unable to reach each other, we will know to contact you for information.

Please take a look at our Family Disaster Plan and put it in a place where you can locate it quickly. Thank you very much for being an important part of our Emergency Plan and help our family be disaster-prepared!

Sincerely,

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## ***Letter to Caregiver***

Dear \_\_\_\_\_,

Recently, my family and I created a family disaster plan so that each of us will know exactly what to do if and when a disaster strikes. Our preparations include your contact information in our family's disaster plan.

Also, since you play an intricate role in our family as a caregiver, we have enclosed a copy of our family disaster plan in the event our family member is in your custody when a disaster strikes. This information may be an important tool for you if an urgent situation or a disaster should strike. You will then know exactly what to do and whom to contact.

Please keep this information in my child's file at all times. Thank you for being an important part of our Emergency Plan and help our family be disaster prepared!

Sincerely,

Name: \_\_\_\_\_

Date: \_\_\_\_\_