



Write your family's name above

Family Emergency Communication Plan

HOUSEHOLD INFORMATION

Home #:

Address:

Name: Mobile #:

Other # or social media: Email:

Important medical or other information:

Name: Mobile #:

Other # or social media: Email:

Important medical or other information:

FOLD HERE

IN CASE OF EMERGENCY (ICE) CONTACT

Name: Mobile #:

Home #: Email:

Address:

OUT-OF-TOWN CONTACT

Name: Mobile #:

Home #: Email:

Address:

EMERGENCY MEETING PLACES

Indoor:

Instructions:

Neighborhood:

Instructions:

FOLD HERE

Name: Mobile #:

Other # or social media: Email:

Important medical or other information:

Name: Mobile #:

Other # or social media: Email:

Important medical or other information:

Out-of-Neighborhood:

Address:

Instructions:

Out-of-Town:

Address:

Instructions:

FOLD HERE

SCHOOL, CHILDCARE, CAREGIVER, AND WORKPLACE EMERGENCY PLANS

Name:

Address:

Emergency/Hotline #: Website:

Emergency Plan/Pick-Up:

Name:

Address:

Emergency/Hotline #: Website:

Emergency Plan/Pick-Up:

Name:

Address:

Emergency/Hotline #: Website:

Emergency Plan/Pick-Up:

IMPORTANT NUMBERS OR INFORMATION

Police: Dial 911 or #:

Fire: Dial 911 or #:

Poison Control: #:

Doctor: #:

Doctor: #:

Pediatrician: #:

Dentist: #:

Medical Insurance: #:

Policy #:

Medical Insurance: #:

Policy #:

Hospital/Clinic: #:

Pharmacy: #:

Homeowner/Rental Insurance: #:

Policy #:

Flood Insurance: #:

Policy #:

Veterinarian: #:

Kennel: #:

Electric Company: #:

Gas Company: #:

Water Company: #:

Alternate/Accessible Transportation: #:

Other:

Other:

FOLD HERE

Patient Emergency Preparedness Plan

Emergency Contact Information			
Role/Relationship	Name	Phone	Address
Primary Emergency Contact Person			
Out-of-State Contact			
Call 911 for Emergencies			
Non-Emergency Local Police			
Local Red Cross			
Local Emergency Management Office			
Primary Care Physician			
Pharmacy			
Medical Equipment Supply Company			
Neighbor			
Relative			
24/7 info about critical health and human services available in the community	2-1-1 Call Center	Dial 211 for free from any phone	N/A
Poison Control		1-800-222-1222	

Patient Medical Information				
Name			Date of Birth	
(i.e. Jack Doe)			(i.e. 05/05/1947)	
Doctors				
Name of Doctor	Specialty	Last Appointment	Next Appointment	Phone Number
(i.e. Dr. Jane Smith)	(i.e. Cardiac)	(i.e. April 3, 2014)	(i.e. August 5, 2014 1pm)	(i.e. 517-555-4555)
Allergies/Sensitivities				
Allergy			Type of Reaction	
(Drug Name)			(i.e. Hives)	
Medications				
Name	Route	Dose	Frequency	
(i.e. Lasix)	(i.e. oral)	(i.e. 20mg 1 tablet)	(i.e. daily)	
Medical History				
Medical Condition		Date Diagnosed	Ongoing or Resolved	
(i.e. Congestive Heart Failure)		(i.e. May 2005)	(i.e. Ongoing)	
Surgeries		Date of Surgery		
(i.e. Right Total Knee Replacement)		(i.e. April 2004)		

Emergency Preparedness

Insurance Information			
Type of Insurance	Company	Policy Number	Phone
Health			
Prescription			
Homeowners/Rental			
Auto			

Personal Preferences

(Please list any personal care preferences)

Meeting Places

Neighborhood meeting place: _____

Address: _____

Phone: _____

Outside of neighborhood meeting place: _____

Address: _____

Phone: _____

In case providers are separated from household members in an emergency, the American Red Cross "Safe and Well" website allows people to list themselves as "safe and well" or search for others who have registered. The site is available at <https://safeandwell.communityos.org>.