

EMERGENCY COMMUNICATION PLAN



HOUSEHOLD INFORMATION

HOME #:
ADDRESS:

NAME:	MOBILE #:
SOCIAL MEDIA:	EMAIL:
MEDICAL INFO:	
MEDICAL #:	

NAME:	MOBILE #:
SOCIAL MEDIA:	EMAIL:
MEDICAL INFO:	
MEDICAL #:	

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MEDICAL INFO:	
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SOCIAL MEDIA:	EMAIL:
MEDICAL INFO:	
MEDICAL #:	

SCHOOL, CHILDCARE, CAREGIVER, AND WORKPALCE EMERGENCY PLANS

NAME:
ADDRESS:
EMERGENCY / HOTLINE #:
WEBSITE:
EMERGENCY PLAN / PICK-UP:

NAME:
ADDRESS:
EMERGENCY / HOTLINE #:
WEBSITE:
EMERGENCY PLAN / PICK-UP:

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WEBSITE:
EMERGENCY PLAN / PICK-UP:

IN CASE OF
EMERGENCY
CONTACT (ICE)

NAME:	MOBILE #:
HOME #:	EMAIL:
ADDRESS:	

OUT OF TOWN
CONTACT

NAME:	MOBILE #:
HOME #:	EMAIL:
ADDRESS:	

EMERGENCY
MEETING PLACES

INDOOR:
INSTRUCTIONS:
NEIGHBORHOOD:
INSTRUCTIONS:

OUT-OF-NEIGHBORHOOD:
ADDRESS:
INSTRUCTIONS:

OUT-OF-TOWN:
ADDRESS:
INSTRUCTIONS:

IMPORTANT
NUMBERS OR
INFORMATION

POLICE: DIAL 911 OR NON-EMERGENCY	#:
FIRE: DIAL 911 OR NON-EMERGENCY	#:
POISON CONTROL:	
DOCTOR:	#:
DOCTOR:	#:
PEDIATRICIAN:	#:
DENTIST:	#:
HOSPITAL/CLINIC:	#:
PHARMACY:	#:
MEDICAL INSURANCE	#:
POLICY#:	
MEDICAL INSURANCE	#:
POLICY#:	
HOMEOWNER/RENTAL INSURANCE	#:
POLICY#:	
FLOOD INSURANCE:	#:
POLICY#:	
VETERINARIAN:	#:
ELECTRIC COMPANY:	#:
GAS COMPANY:	#:
WATER COMPANY:	#:
ALTERNATE/ACCESSIBLE TRANSPORTATION:	
#:	#:
OTHER:	#:
OTHER:	#:
OTHER:	#: