FAMILY EMERGENCY PREPAREDNESS PLAN

Essential Components to be in place BEFORE an emergency:
(Enter information on the following pages)

☐ Designated meeting place just outside the home.
☐ Designated meeting place outside the neighborhood (other family member, friend, church, etc) in case family cannot return home.
☐ All family members know address and phone number of designated meeting place away from home.
☐ Out-of-town (or out-of-state) contact everyone in the family will use in case of a disaster to report in and check on each other.
☐ All family members know name, address, phone number, email address of the out-of-town family contact.
☐ Each family member has a list of emergency contacts including phone numbers and email addresses in their wallets/purses/backpacks. This list should include the out-of-town emergency family contact, family physicians, pastor, school principal, parents’ supervisors at work, etc.
☐ Smoke alarms and fire extinguishers are in the home and working.
☐ Escape routes from the home are known by every family member.
☐ Escape routes are posted in plain sight in the home.

If Applicable:
☐ Arrangements have been made for pets: food, water, leashes, carriers, boarders, etc.
☐ School emergency plan has been checked and arrangements made.
☐ School has updated emergency contact information that is 3-deep (i.e., parents, 1st alternate, 2nd alternate for pick-up or sending children to in case of a disaster).
☐ School has appropriate signed authorization to release children to a family care giver other than the parents.
☐ Daycare provider emergency plan has been checked and arrangements made.
☐ Daycare provider has updated emergency contact information that is 3-deep.
☐ Daycare provider has signed authorization to release children to a family care giver other than the parents.
Family Emergency Plan

Communication Plan Details

Family Meeting Places
Near the Home: ________________________________________________________________
Outside of the Neighborhood: ______________________________________________________

Out-of-town Contact
Name: _______________________ Address: ____________________________________________
Telephone Number: ___________________ Cell Phone: ________________________________
Email Address: __________________________________________________________________

Other Contacts
Family physician: ________________________ Phone: ________________________________
Family physician: ________________________ Phone: ________________________________
Specialist physician: ______________________ Phone: ________________________________
Specialist physician: ______________________ Phone: ________________________________
Dentist: __________________________________ Phone: ________________________________
Pharmacist: ______________________________ Phone: ________________________________
Veterinarian: _____________________________ Phone: ________________________________
Kennel/Animal Day-Care: __________________ Phone: ________________________________
Religious Leader: _________________________ Phone: ________________________________
Other Contact: ___________________________ Phone: ________________________________
Other Contact: ___________________________ Phone: ________________________________
Medical Insurance: _________________________ Phone: ________________________________
Email: ___________________ Policy Number: ________________________________
Homeowner/Rental Insurance: _____________________________________________
Phone: ___________________ Email: ___________________ Policy Number: ________________

Macomb County Animal Control Phone: (586) 469-5115
Poison Control Phone: (800) 222-1222
Macomb County Health Department Phone: (586) 469-5235
Macomb County Sheriff’s Office Phone: (586) 469-5151

In an emergency, call 911!
Remember to tell them your name and where you are
Family Emergency Plan

Family Information

Name: ___________________________________ Phone: _______________ Date of Birth: __________
Medical Information/Allergies: ___________________________________________________________

Name: ___________________________________ Phone: _______________ Date of Birth: __________
Medical Information/Allergies: ___________________________________________________________

Name: ___________________________________ Phone: _______________ Date of Birth: __________
Medical Information/Allergies: ___________________________________________________________

Name: ___________________________________ Phone: _______________ Date of Birth: __________
Medical Information/Allergies: ___________________________________________________________

Name: ___________________________________ Phone: _______________ Date of Birth: __________
Medical Information/Allergies: ___________________________________________________________

Employer Information

________________’s Employer: ___________________________________________________________
Employer’s Address: ___________________________________________________________________
Work phone #: ________________________ Work cell phone #: ________________________________
Name of immediate supervisor: __________________________________________________________
Evacuation Location: ___________________________________________________________________

________________’s Employer: ___________________________________________________________
Employer’s Address: ___________________________________________________________________
Work phone #: ________________________ Work cell phone #: ________________________________
Name of immediate supervisor: __________________________________________________________
Evacuation Location: ___________________________________________________________________

School Information

________________’s School: _______________________ Address: __________________________________
Phone: ______________________ Facebook/Twitter: _________________________________________
Name of Teacher: ___________________________________ Evacuation Location: ________________

________________’s School: _______________________ Address: __________________________________
Phone: ______________________ Facebook/Twitter: _________________________________________
Name of Teacher: ___________________________________ Evacuation Location: ________________

________________’s School: _______________________ Address: __________________________________
Phone: ______________________ Facebook/Twitter: _________________________________________
Name of Teacher: ___________________________________ Evacuation Location: ________________
Family Emergency Plan

If an emergency occurs on a weekday and school is in session, the family will do the following:

If an emergency occurs on a Saturday or Sunday, the family will do the following:

If an emergency happens at night, the family will do the following:

If an emergency happens on a weekday when school is NOT in session, the family will do the following:

This is what the family will do to take care of elderly parents/grandparents:

This is what the family will do to take care of pets in the event of an emergency:
Family Preparedness Plan

Evacuation Map
Use this space (or the blank page on the back) to draw out your home and neighborhood. Mark the exits of your home, the fire extinguishers, the emergency kit, and the meeting places.