

Family Communications



Your family may not be together when disaster strikes, so plan how you'll contact one another and review what you'll do in different situations. Keep a copy of this plan in your emergency supply kit and also post one near a phone where it's easy for all family members to see.

Out-of-Town Contact Name _____ Phone _____
E-mail _____ Phone _____

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

Name _____	Social Security Number _____
Date of Birth _____	Important Medical Info _____
Name _____	Social Security Number _____
Date of Birth _____	Important Medical Info _____
Name _____	Social Security Number _____
Date of Birth _____	Important Medical Info _____
Name _____	Social Security Number _____
Date of Birth _____	Important Medical Info _____
Name _____	Social Security Number _____
Date of Birth _____	Important Medical Info _____
Name _____	Social Security Number _____
Date of Birth _____	Important Medical Info _____

Where to go in an emergency.

Home

Address _____
Phone _____
Neighborhood Meeting Place _____
Regional Meeting Place _____

School

Address _____
Phone _____
Evacuation Location _____

School

Address _____
Phone _____
Evacuation Location _____

School

Address _____
Phone _____
Evacuation Location _____

Work

Address _____
Phone _____
Evacuation Location _____

Work

Address _____
Phone _____
Evacuation Location _____

Other place you frequent

Address _____
Phone _____
Evacuation Location _____

Other place you frequent

Address _____
Phone _____
Evacuation Location _____

Important Phone Numbers



Make note of important contacts, phone numbers, policy numbers, and other essential information. Dial 9-1-1 for emergencies!

Non-emergency police phone _____.

<i>Important Information</i>	<i>Name</i>	<i>Telephone #</i>	<i>Policy #</i>
Doctor			
Doctor			
Pharmacist			
Medical Insurance			
Homeowner's/Rental Insurance			
Veterinarian/Kennel			
Other			
Other			
Other			

Communications pocket cards

Every family member should carry a copy of this important information.

Family Communications Plan

ReadyWisconsin.wi.gov

Contact name _____

Telephone _____

Out-of-town contact _____

Telephone _____

Neighborhood meeting place _____

Meeting place telephone _____

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