



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:

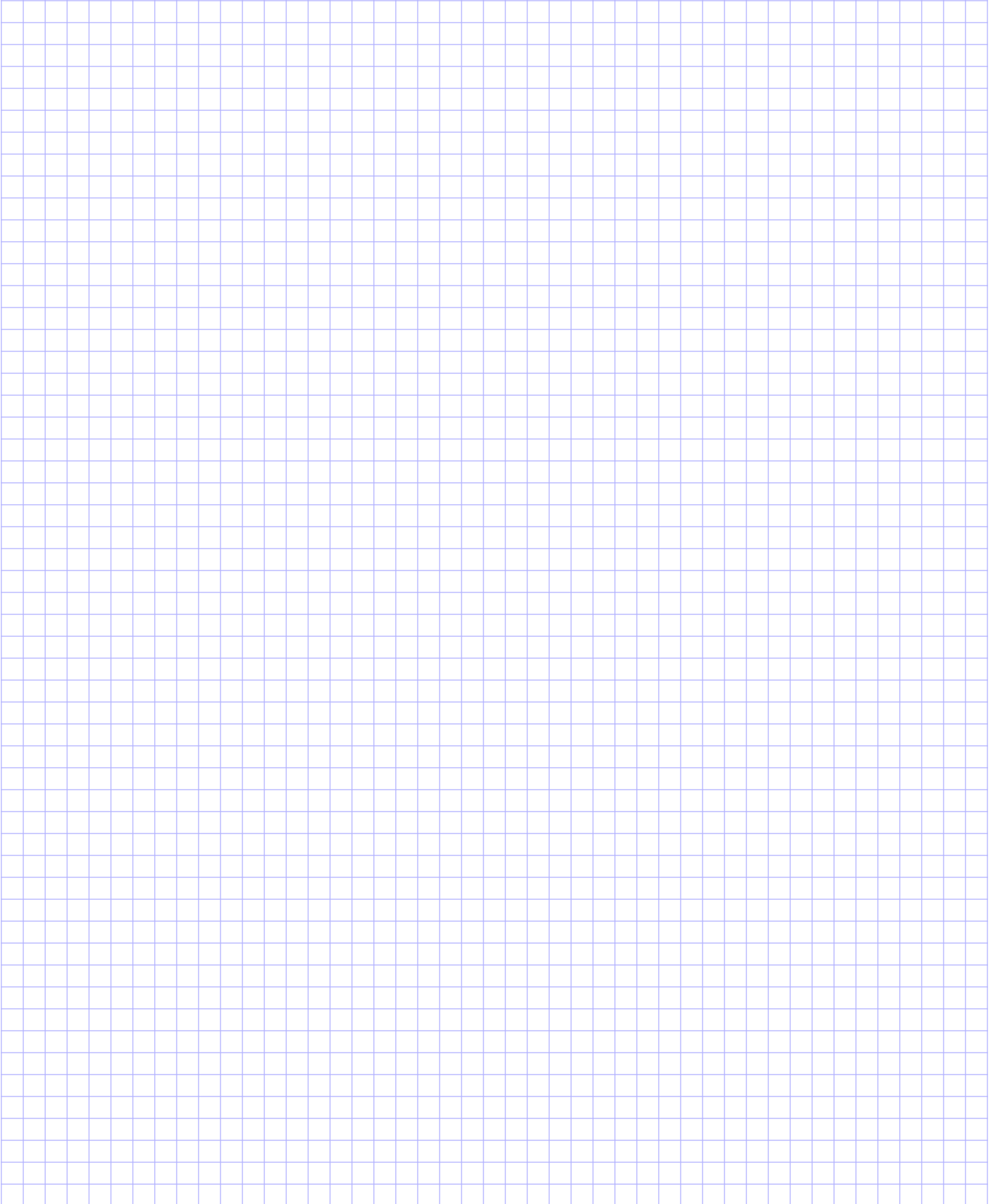
This is what the family will do to take care of elderly parents/grandparents:

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.



Family Preparedness Plan

Evacuation Map