

# 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*



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Contact name \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Out-of-town contact \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Neighborhood meeting place \_\_\_\_\_  
 Meeting place telephone \_\_\_\_\_

*Family Communications Plan*

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Contact name \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Out-of-town contact \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Neighborhood meeting place \_\_\_\_\_  
 Meeting place telephone \_\_\_\_\_

*Family Communications Plan*