FAMILY COMMUNICATION PLAN

WRITE YOUR FULL NAME BELOW

HOUSEHOLD INFORMATION Home #: Address: Name:_____Mobile #:____ Other # or Social Media: Important Medical or Other Info. Name:_____Mobile #: Other # or Social Media: Important Medical or Other Info._____ Name:_____Mobile #: Other # or Social Media: Important Medical or Other Info. Name:_____Mobile #:____ Other # or Social Media: Important Medical or Other Info. Name:_____Mobile #: Other # or Social Media: Important Medical or Other Info.



Remember: Text, don't talk!

Texts go through more easily during emergencies. Unless you are in immediate danger, send a text.

EMERGENCY CONTACTS

Mobile #:
Email:
Mobile #:
WOOTIC #.
Email:

EMERGENCY MEETING PLACE

Indoor:
Instructions:
Neighborhood:
Address:
Instructions:
Out-of-town Neighborhood:
Address:
Instructions:

IMPORTANT NUMBERS/INFO

1 01100.
Fire:
Doctor:
Dentist:
Medical Insurance:
Policy Number:
Hospital Clinic:



Remember to follow all orders from local officials and have multiple ways to receive weather alerts.