**Emergency Preparation Plan**

Family Name

Household Address

City State Zip

Household Phone

Household Email

Plan Updated *(date)*

*Family Member*

**Household Contact**

*Cell Phone*

*Email*

**Pet Information**

*Name*

*Type*

*Color*

*Registration #*

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**Plan of Action**

1. Potential Disasters. We will be prepared for the following dangers or disasters which are likely to occur in our neighborhood or region:
2. Escape Route. If evacuation is necessary, we will use one of the following safe escape routes from our home:
3. Neighborhood Meeting Place. *If separated during an emergency, we will meet at this location near our home:*
4. Backup Meeting Point. If we cannot return home or are asked to evacuate, we will use a pre- determined safe escape route to meet at this alternate outside of our neighborhood:

*Backup Meeting Place: Escape Route: Alternate Escape Route:*

1. Communications. If we are separated, we will stay in touch using the following methods:
	* First attempt, communicate via call, text, or social media status update.
	* If we cannot connect via mobile phone or social media, we will connect with our emergency contact outside of our immediate area:

Name Phone Email

* + We can also register at “Safe & Well” at safeandwell.communityos.org or by calling (800) 733-2767, if we are not able to reach anyone through the methods above.

6. School/Daycare Plan. *Family members in school or daycare will be evacuated to:*

Name of Child Evacuation Site & Contact

|  |  |
| --- | --- |
|  | *Address:**Contact Person:* |
|  | *Address:**Contact Person:* |
|  | *Address:**Contact Person:* |

1. Safe Room. If local authorities direct us to take shelter in our home, we will meet in a safe place where we can seal windows, vents, and doors, and listen to emergency broadcasts for instructions:
2. Family Member Responsibilities in the Event of a Disaster

Task Description Responsible

|  |  |  |
| --- | --- | --- |
| Disaster Kit | *In case of evacuation, stock and maintain disaster kit. Include items for an emergency shelter and remember medications and eyeglasses.* |  |
| Be Informed | *For current updates and relevant information,**maintain access to local broadcasts via radio, TV, email, or text alert.* |  |
| Medical Attention | *In case of evacuation, ensure that the household medical information is accessible.* |  |

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| --- | --- | --- |
| FinancialInformation | *Obtain copies of bank statements and cash in the event ATMs and credit cards do not work due to power outages. Bring copies of utility bills as proof of residence in applying for assistance.* |  |
| Pet Information | *Evacuate pets. Keep list of pet-friendly motels and animal shelters. Assemble the pet disaster kit.* |  |
| Plan Updates &Communication | *Share the completed plan with household members. Meet every 6 months or as needed to discuss plan changes or updates.* |  |

*Task*

*Description*

*Responsible*

10. Additional Information. *List any other information not included above.*

*For more facts and advice about what you should do if an emergency or disaster occurs, visit*

[www.RedCross.org*.*](http://www.RedCross.org/)