

# FAMILY EMERGENCY PLAN

Your family may not be together when disaster strikes, so plan what to do and how to you will contact one another in diferent situations. Completing this form is a crucial part of that plan.

## Evacuation Plan

Neighborhood Meeting Place: \_\_\_\_\_

Phone: \_\_\_\_\_

Out of Neighborhood Meeting Place: \_\_\_\_\_

Phone: \_\_\_\_\_

## Communication Plan

- Fill out the information below. Add other important information to suit your families circumstances.
- Keep this plan with your **Basic Emergency Supply Kit**, along with your command's standard and emergency muster procedures.
- File a copy of emergency contact information with the command ombudsman and the command to be opened only in case of an emergency.
- Make sure every family member has the most important contact information on a current **Emergency Contact Card**.

### *HOME*

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Neighborhood Evacuation Location: \_\_\_\_\_

Out of Neighborhood Location: \_\_\_\_\_

**WORK NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

**WORK NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

**SCHOOL NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

**SCHOOL NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

**OTHER PLACE YOU FREQUENT:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

### Contact Information

**OUT-OF-TOWN CONTACT:** \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

**COMMAND INFORMATION:** \_\_\_\_\_

Quarterdeck Phone: \_\_\_\_\_

Admin Office: \_\_\_\_\_

Command Duty Officer (CDO): \_\_\_\_\_

Ombudsman: \_\_\_\_\_

Navy-Wide Emergency Call Center phone: 1-877-414-5358

(TDD number: 1-866-297-1971)

### **FAMILY MEMBERS**

**Name:** \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

Passport #: \_\_\_\_\_

Prescriptions/Medical Information: \_\_\_\_\_

**Name:** \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

Passport #: \_\_\_\_\_

Prescriptions/Medical Information: \_\_\_\_\_

**Name:** \_\_\_\_\_

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Drivers License #: \_\_\_\_\_

Passport #: \_\_\_\_\_

Prescriptions/Medical Information: \_\_\_\_\_

## Important Contacts and Insurance Policy Numbers

**Doctor(s):** \_\_\_\_\_

Phone: \_\_\_\_\_

Policy#: \_\_\_\_\_

**Doctor(s):** \_\_\_\_\_

Phone: \_\_\_\_\_

Policy#: \_\_\_\_\_

**Dentist:** \_\_\_\_\_

Phone: \_\_\_\_\_

Policy#: \_\_\_\_\_

**Pharmacy:** \_\_\_\_\_

Phone: \_\_\_\_\_

Policy#: \_\_\_\_\_

**Veterinarian/Kennel:** \_\_\_\_\_

Phone: \_\_\_\_\_

Policy#: \_\_\_\_\_

**Medical Insurance:** \_\_\_\_\_

Phone: \_\_\_\_\_

Policy#: \_\_\_\_\_

**Dental Insurance:** \_\_\_\_\_

Phone: \_\_\_\_\_

Policy#: \_\_\_\_\_

**Homeowners/Renters Insurance:** \_\_\_\_\_

Phone: \_\_\_\_\_

Policy#: \_\_\_\_\_

**Automobile Insurance:** \_\_\_\_\_

Phone: \_\_\_\_\_

Policy#: \_\_\_\_\_

**Life Insurance:** \_\_\_\_\_

Phone: \_\_\_\_\_

Policy#: \_\_\_\_\_

In various emergency situations, whether you shelter-in-place or evacuate, you may be advised to cut off ventilation systems or utilities. Write the locations of, and instructions for, these controls and any tools necessary to change them. (Like fire and evacuation plans, this is a good thing to review and practice with the whole family.)

## Provisions for Utilities

Electricity: \_\_\_\_\_

Gas: \_\_\_\_\_

Water: \_\_\_\_\_

Ventilation: \_\_\_\_\_

## Important Records

Use these checklists to help collect important papers to keep with your Basic Emergency Supply Kit for ready access in case of evacuation. If not regularly used, place important records in a waterproof/fireproof container to be taken with you in case of an emergency.

### PERSONAL

- Military ID cards
- Driver's licenses
- Birth certificates/adoption records
- Social Security cards
- Passport
- Citizenship papers
- Marriage license, divorce records
- Vehicle registration/ownership records
- Medical records
- Immunization records
- Power(s) of attorney (personal/property)
- Wills
- Household goods inventory from last three PCS moves

### FINANCIAL

- Bank/credit union statements
- Credit/debit card statements
- Income records (including government benefits, child support, and alimony)
- Mortgage statement or lease
- Bills (electricity, gas, water)
- Health insurance cards and records
- Other insurance records (auto/property/life)
- Tax returns, property tax statements
- Investment/retirement account records

### OTHER IMPORTANT INFORMATION

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To download a copy of this form, please go to [www.nsfamilyline.org](http://www.nsfamilyline.org)

## Basic Emergency Supply Kit

### NECESSARY

- Water—at least one gallon per person per day for at least three days
- Food—nonperishable food to support everyone in the household for at least three days (Include canned goods with low salt and high liquid content.)
- Manual can opener
- First aid kit
- Prescription medications—enough for at least three days
- Dust masks or cotton t-shirts for every member of the household to help filter the air
- Personal sanitation supplies—items such as moist towelettes (one container for every two people in the household), garbage bags, and plastic ties
- Flashlight—one flashlight for every two people in the household
- Battery-powered or hand-crank radio
- All-hazards NOAA (National Oceanic and Atmospheric Administration) weather radio
- Extra batteries—sizes and quantities based on flashlights, radios, and other items in kit)
- Money (at a minimum, \$100 in local currency, small denomination bills)
- Wrench or pliers for turning off utilities
- Local maps and your family emergency plan
- Your command muster information
- Important personal and financial documents—printed copies or electronic copies on a durable storage media such as a thumb drive and stored in waterproof container

### ADDITIONAL

- Infant formula—enough for at least three days
- Diapers—enough for at least three days
- Food and water for your pet—enough for at least three days
- Items for individuals with special needs, such as wheelchair batteries or other medical equipment or supplies
- Paper plates, paper cups, plastic utensils, paper towels
- Disinfectant
- Matches in a waterproof container
- Whistle to signal for help
- Sturdy shoes
- Hats and gloves
- Sleeping bag or other weather-appropriate bedding for each person
- A weather-appropriate change of clothes for each person
- Coats, jackets, and rain gear
- Fire extinguisher
- Paper and pencil

- Books, games, puzzles, toys, and other activities for children
- Any items necessary for a specific type of disaster and to assist you during electricity, gas, water, and sewage outages. Additionally, you may want to consider having supplies for sheltering for up to two weeks.

### PORTABLE EMERGENCY KIT

- Take this kit with you when you are ordered to evacuate.
- Place items in a designated area that will be easily accessible in the event of an emergency.
- Make sure every member of your family knows where the kit is.
- If you are required to shelter in place, keep this kit with you.

### WORKPLACE EMERGENCY KIT

- This kit should be portable enough to be maintained at your workplace; you may need to evacuate from work or shelter up to 24 hours.
- Make sure you include comfortable walking shoes in case you have to walk long distances
- This kit should include, at minimum, food, water, and a first aid kit
- Make sure you include your family's communications plan.

### VEHICLE EMERGENCY KIT

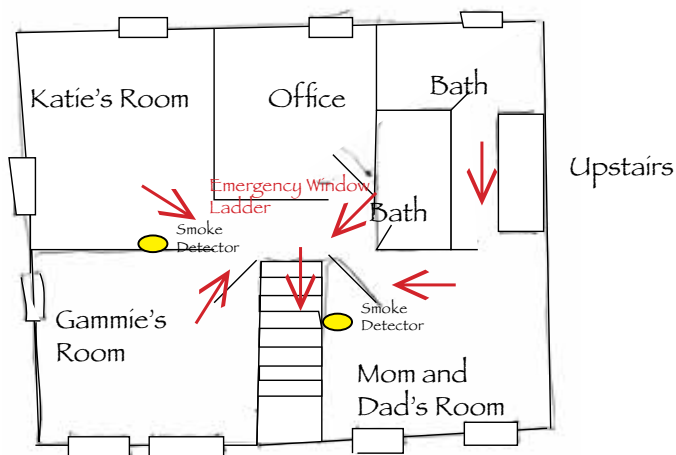
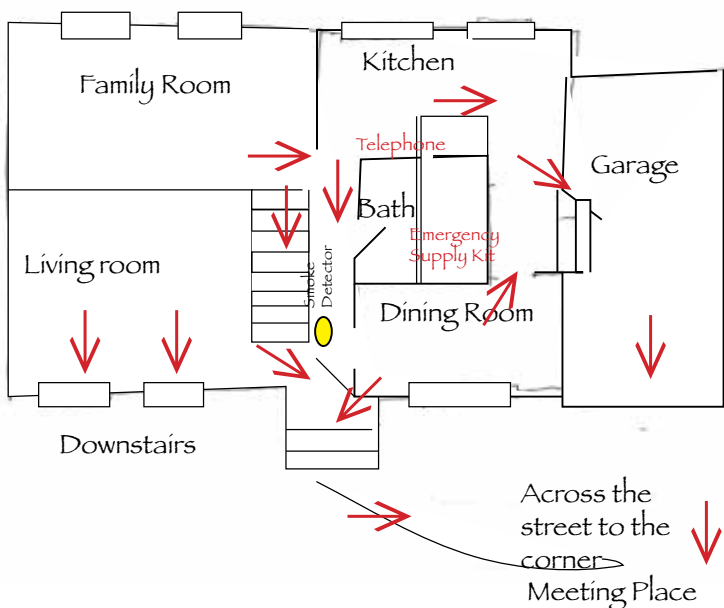
- In the event that you are stranded while driving, keep this kit in your vehicle at all times.
- This kit should contain at a minimum: food, water, flashlights and extra batteries, first aid kit and necessary medications, signal flares, repair tools, portable AM FM radio, seasonal items (coat, rain gear, engine fluids, shovel, ice scraper, warm clothes, gloves), comfortable/sturdy shoes, and blankets or sleeping bags. Also consider: cell phone and phone charger, reflective triangle, and baby formula and diapers if you have a small child.
- Make sure you include your family's Communications Plan.

### MAINTAINING YOUR KITS

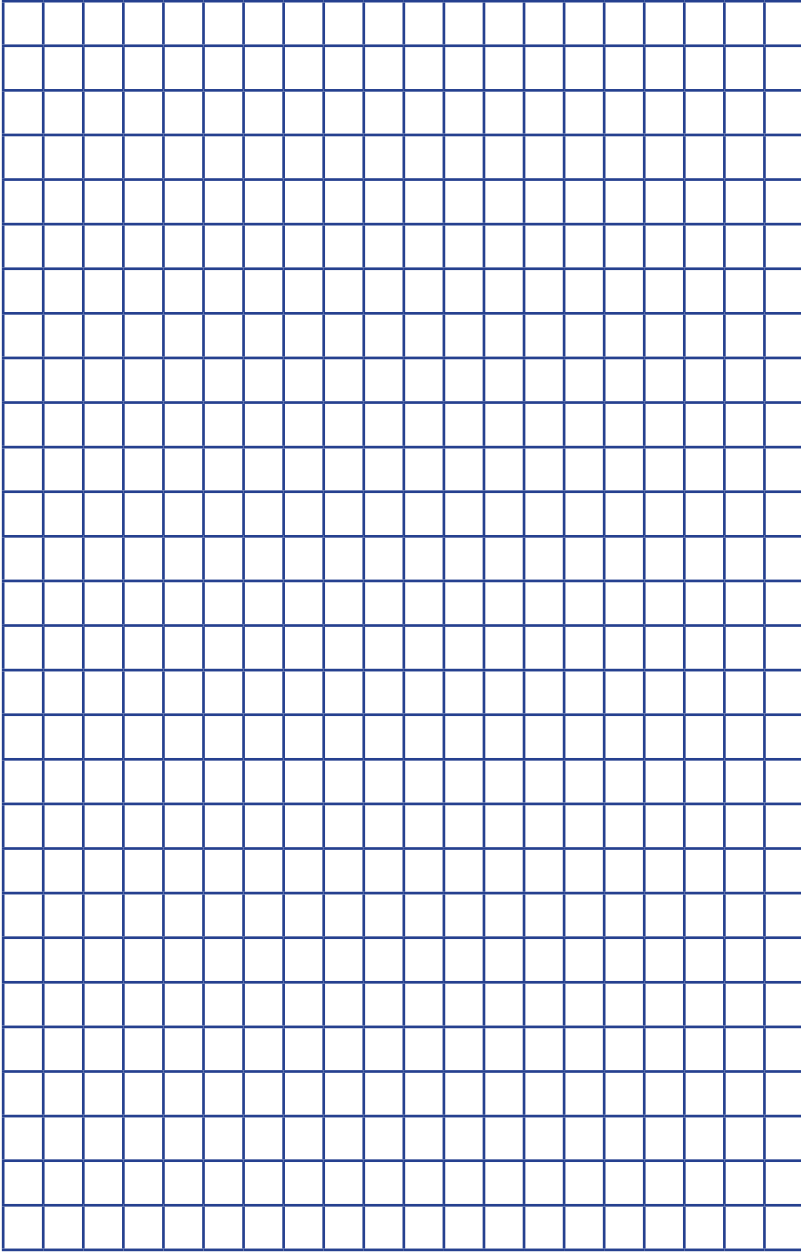
- Make sure to constantly evaluate your kit and their relevance to the threats in your area.
- Throw away and replace any expired or damaged medications, food, or water.

# HOME ESCAPE PLAN

- Draw a map of each floor level in your home.
- Be sure to mark each window, door, and smoke alarm location.
- Mark two (2) ways out of each room, usually a door and window.
- Pick a Family Meeting Spot outside your home where everyone can meet following an emergency. This could be an area such as a mailbox, tree, or a neighbor's home.
- Think about other important things to mark, e.g. your emergency kit location.
- Put your exit plan to work by practicing it as a family at least twice a year!



Draw your house, escape plan and meeting place



This Map Belongs To: \_\_\_\_\_

Our Address: \_\_\_\_\_ Our Phone # \_\_\_\_\_

Our Meeting Spot: \_\_\_\_\_ Practice Dates: \_\_\_\_\_



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Additional Important Information

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Additional Important Information

## Family Emergency Plan

Emergency Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Out-of-Town Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Neighborhood Meeting Place: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Out of Neighborhood Meeting Place: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Dial 911 or your local emergency Number

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