



Family Emergency Plan



Make sure your family has a plan in case of an emergency. Before an emergency happens, sit down together and decide how you will get in contact with each other, where you will go and what you will do in an emergency. Keep a copy of this plan in your emergency supply kit or another safe place where you can access it in the event of a disaster.

Your PAZ number _____ (If you reside within the Emergency Planning Zone)

Neighborhood Meeting Place: _____ Phone: _____

Out-of-Neighborhood Meeting Place: _____ Phone: _____

Out-of-Town Meeting Place: _____ Phone: _____

Fill out the following information for each family member and keep it up to date.

Name: _____ Identifying Characteristics: _____

Date of Birth: _____ Medical (Allergies, etc.): _____

Special Needs: _____

Name: _____ Identifying Characteristics: _____

Date of Birth: _____ Medical (Allergies, etc.): _____

Special Needs: _____

Name: _____ Identifying Characteristics: _____

Date of Birth: _____ Medical (Allergies, etc.): _____

Special Needs: _____

Name: _____ Identifying Characteristics: _____

Date of Birth: _____ Medical (Allergies, etc.): _____

Special Needs: _____

Pets

Name: _____ Name: _____ Name: _____

Type: _____ Type: _____ Type: _____

Color: _____ Color: _____ Color: _____

Medical: _____ Medical: _____ Medical: _____

Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare providers, workplaces and apartment buildings should all have site-specific emergency plans that you and your family need to know about.

Work Location One

Address: _____

Phone: _____

Evacuation Location: _____

Work Location Two

Address: _____

Phone: _____

Evacuation Location: _____

Work Location Three

Address: _____

Phone: _____

Evacuation Location: _____

Other place you frequent

Address: _____

Phone: _____

Evacuation Location: _____

School Location One

Address: _____

Phone: _____

Evacuation Location: _____

School Location Two

Address: _____

Phone: _____

Evacuation Location: _____

School Location Three

Address: _____

Phone: _____

Evacuation Location: _____

Other place you frequent

Address: _____

Phone: _____

Evacuation Location: _____

EMERGENCY CONTACT CARD

Emergency Contact: _____

Phone: _____ Email: _____

Out-of-Town Contact: _____

Phone: _____

Neighborhood Meeting Place: _____

Evacuation Location: _____

EMERGENCY CONTACT CARD

Emergency Contact: _____

Phone: _____ Email: _____

Out-of-Town Contact: _____

Phone: _____

Neighborhood Meeting Place: _____

Evacuation Location: _____

THE COUNTY OFFICE OF EMERGENCY SERVICES IS COMMITTED TO SERVING THE PUBLIC BEFORE, DURING AND AFTER TIMES OF EMERGENCY BY PROMOTING EFFECTIVE COORDINATION BETWEEN AGENCIES, AND ENCOURAGING PREPAREDNESS OF THE PUBLIC AND ORGANIZATIONS INVOLVED IN EMERGENCY RESPONSE.

Only dial 911 for life-threatening emergencies.

Register for Reverse 911 at slosheriff.org/Reverse911.aspx