

Family Emergency Action Form



You and your family can prepare now for natural disasters and emergency situations.

Use this **Family Emergency Action Form** and **Individual Emergency Action Cards** to help improve your safety and communication in the immediate aftermath of an emergency. When disaster strikes, this vital information can help your family members reconnect.

Below, you'll find the Family Emergency Action Form. Page 3 features the Individual Emergency Action Cards. **Both are important to help protect your family.**

Complete the following information and add at least one copy to your emergency preparedness kit.

Family Emergency Action Form

Local meeting place location

Phone #

Designated out-of-town check-in person

Phone #

Police

Fire department

Power company

Complete and update the following information as necessary for each family member:

Name

Date of birth

Cell phone #

Work or School #

Social security number

Medications, allergies and other important medical information

Insurance policy name and number

Name

Date of birth

Cell phone #

Work or School #

Social security number

Medications, allergies and other important medical information

Insurance policy name and number

Continued on next page

Family Emergency Action Form (continued)



Complete and update the following information as necessary for each family member:

Name _____ Date of birth _____

Cell phone # _____ Work or School # _____ Social security number _____

Medications, allergies and other important medical information _____

Insurance policy name and number _____

Name _____ Date of birth _____

Cell phone # _____ Work or School # _____ Social security number _____

Medications, allergies and other important medical information _____

Insurance policy name and number _____

Name _____ Date of birth _____

Cell phone # _____ Work or School # _____ Social security number _____

Medications, allergies and other important medical information _____

Insurance policy name and number _____

Name _____ Date of birth _____

Cell phone # _____ Work or School # _____ Social security number _____

Medications, allergies and other important medical information _____

Insurance policy name and number _____

Individual Emergency Action Cards

Each of your family members should fill out and keep a copy of their card in a safe place that they can access quickly in the event of a disaster.



✂

Your name

Emergency contact

Cell # _____ Work or School # _____

Designated out-of-town
check-in person

Phone #

Local meeting place

Phone #

Other important addresses
and information

✂

Your name

Emergency contact

Cell # _____ Work or School # _____

Designated out-of-town
check-in person

Phone #

Local meeting place

Phone #

Other important addresses
and information

✂

Your name

Emergency contact

Cell # _____ Work or School # _____

Designated out-of-town
check-in person

Phone #

Local meeting place

Phone #

Other important addresses
and information

✂

Your name

Emergency contact

Cell # _____ Work or School # _____

Designated out-of-town
check-in person

Phone #

Local meeting place

Phone #

Other important addresses
and information
