

## Family Disaster Plan



WePrepare

### Dial 911 in case of emergencies

Fill out your home address and keep it up to date.

Address

Apt #

City

State

Zip Code

County

Home Phone

 (  )  - 

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

### **Adult Family Member #1 - Head of Household**

Last Name

Date of Birth (MMDDYYYY)

First Name

Middle Name

E-mail Address

Cell Phone

 (  )  - 

Important Medical Information: List any allergies, medications, medical conditions, etc.

Employer

Address

Suite #

City

State

Zip Code

Work E-mail Address

Work Phone

 (  )  -

# Family Disaster Plan



## Adult Family Member #2

(If no other adult in household, go to Child Family Member #1)

Last Name

Date of Birth (MMDDYYYY)

First Name

Middle Name

*Address same as Head of Household*

Relationship to Head of Household

Address (if different from Head of Household)		Apt #	
<input type="text"/>		<input type="text"/>	
City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
County	Phone		
<input type="text"/>	( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

E-mail Address

Cell Phone

(    )    -

Important Medical Information: List any allergies, medications, medical conditions, etc.

Employer

Address

Suite #

City

State

Zip Code

Work E-mail Address

Work Phone

(    )    -

Child Family Member #1

Last Name

Date of Birth (MMDDYYYY)

First Name

Middle Name

Address same as Head of Household

Relationship to Head of Household

Address (if different from Head of Household)		Apt #	
<input type="text"/>		<input type="text"/>	
City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
County	Phone		
<input type="text"/>	( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

E-mail Address

Cell Phone

Important Medical Information: List any allergies, medications, medical conditions, etc.

Name of School or Caregiver

Address

City

State

Zip Code

Name of Teacher or Caregiver

School Phone

# Family Disaster Plan



## Child Family Member #2

Last Name

Date of Birth (MMDDYYYY)

First Name

Middle Name

*Address same as Head of Household*

Relationship to Head of Household

Address (if different from Head of Household)

Apt #

City

State

Zip Code

County

Phone

E-mail Address

Cell Phone

Important Medical Information: List any allergies, medications, medical conditions, etc.

Name of School or Caregiver

School Address (if different from Child Family Member #1)

City

State

Zip Code

Name of Teacher or Caregiver

School Phone

# Family Disaster Plan



## Child Family Member #3

Last Name

Date of Birth (MMDDYYYY)

First Name

Middle Name

*Address same as Head of Household*

Relationship to Head of Household

Address (if different from Head of Household)		Apt #	
<input type="text"/>		<input type="text"/>	
City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
County	Phone		
<input type="text"/>	( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

E-mail Address

Cell Phone

(    )    -

Important Medical Information: List any allergies, medications, medical conditions, etc.

Name of School or Caregiver		
<input type="text"/>		
School Address (if different from Child Family Member #1)		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Teacher or Caregiver

School Phone

(    )    -

# Family Disaster Plan



## Child Family Member #4

Last Name

Date of Birth (MMDDYYYY)

First Name

Middle Name

*Address same as Head of Household*

Relationship to Head of Household

Address (if different from Head of Household)		Apt #	
<input type="text"/>		<input type="text"/>	
City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
County	Phone		
<input type="text"/>	( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

E-mail Address

Cell Phone

(    )    -

Important Medical Information: List any allergies, medications, medical conditions, etc.

Name of School or Caregiver		
<input type="text"/>		
School Address (if different from Child Family Member #1)		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Teacher or Caregiver

School Phone

(    )    -

If you have additional family members, [click here](#).

**Emergency Contacts**

**Local Emergency Contact** – Last Name

First Name

*Select best phone number to be reached at:*

Home Phone

(    )    –

Relationship

Work Phone

(    )    –

E-mail Address

Cell Phone

(    )    –

Address

Apt #

City

State

Zip Code

**Out-of-State Emergency Contact** – Last Name

First Name

*Select best phone number to be reached at:*

Home Phone

(    )    –

Relationship

Work Phone

(    )    –

E-mail Address

Cell Phone

(    )    –

Address

Apt #

City

State

Zip Code

### Designated Emergency / Disaster Meeting Locations

#### Local Meeting Place (in case of an evacuation) – Name / Description of Location

Street Address Apt #

City State Zip Code

Phone Cell Phone

(  )  -  (  )  -

E-mail Address Other

#### Regional Meeting Place (in case of an evacuation) – Name / Description of Location

Street Address Apt #

City State Zip Code

Phone Cell Phone

(  )  -  (  )  -

E-mail Address Other

#### Out-of-State Meeting Place (in case of an evacuation) – Name / Description of Location

Street Address Apt #

City State Zip Code

Phone Cell Phone

(  )  -  (  )  -

E-mail Address Other



**Additional Important Information**

**Doctor** – Name

Phone

(    )    –

**Pediatrician or 2nd Doctor** – Name

Phone

(    )    –

**Pharmacist** – Name

Phone

(    )    –

**Veterinarian/Kennel** – Name

Phone

(    )    –

**Medical Insurance** – Provider

Policy #

Phone

(    )    –

Family Member Covered

**Homeowners/Rental Insurance** – Provider

Policy #

Phone

(    )    –

Policy Holder

**Other** (including any additional important contact information)

### Identify Your Disaster Risks

Preparing your family for a disaster includes finding out what natural or man-made disasters pose a potential risk for you and your family. For example, do you or your family live, work or go to school in a flood plain, near a major earthquake fault or in a high fire danger area?

Here is contact information for your local Office of Emergency Services (OES) or American Red Cross, organizations that can help you identify these risks.

Click [here](#) to go to the OES Web site. Find your local OES office, copy and paste the information below:

#### Our Local OES Office

Click [here](#) to go to the Red Cross Web site. Find your local Red Cross office, copy and paste the information below:

#### Our Local Red Cross Office

**Additional Important Information**

If you have additional family members, fill out their information below:

*Thank you for completing your family disaster plan. You have taken an important step toward protecting your family. Print your customized materials and be sure to keep copies in safe places.*

**PRINT**   **SAVE\*\***

\*\* ADOBE ACROBAT STANDARD OR PROFESSIONAL IS REQUIRED TO SAVE THIS DOCUMENT.

**Get Ready! Letter to Out-of-State Contact**

Dear

Recently, my family and I created a personalized disaster plan so that each of us knows exactly what to do when a disaster strikes. Living in California, it's not a question of if a disaster will strike, but when. So as part of our preparations, we have included you as our out-of-state emergency contact. During an emergency, it is often easier to place long distance calls than local calls, so if our family members are unable to reach each other, we will know to contact you.

For your reference, please review

Thank you for being an important part of our efforts to help our family be disaster-prepared!

Sincerely,

### *Get Ready! Letter to Caregiver*

Dear

Recently, my family and I created a personalized disaster plan so that each of us knows exactly what to do when a disaster strikes. Living in California, it's not a question of if a disaster will strike, but when. So as part of our preparations, we have included your contact information in our family's disaster plan.

Also, since you play an intricate role in our family's day-to-day activities, we have prepared a wallet-size emergency contact card for you to reference in the event of an emergency. This card will be an important tool for you while you are in charge of the children, so you can know exactly what to do and whom to contact when a disaster strikes. Please keep this wallet-size emergency contact card with you at all times.

Thank you for being an important part of our efforts to help our family be disaster-prepared! And, because we know that WE Prepare by helping others, we would like to invite you to complete a disaster plan for your family, too. Visit [www.CaliforniaVolunteers.org](http://www.CaliforniaVolunteers.org) to learn more.

Sincerely,

## Wallet-sized Emergency Cards

### Family Disaster Plan

HEAD OF HOUSEHOLD: CELL PHONE:	HOME PHONE: WORK PHONE:
2ND ADULT AT HOME: CELL PHONE:	HOME PHONE: WORK PHONE:
EMERGENCY CONTACT: CELL PHONE:	HOME PHONE: WORK PHONE:
OUT-OF-STATE CONTACT: CELL PHONE:	HOME PHONE: WORK PHONE:

DIAL 911 FOR EMERGENCIES



fold  
here

### Family Disaster Plan

HEAD OF HOUSEHOLD: CELL PHONE:	HOME PHONE: WORK PHONE:
2ND ADULT AT HOME: CELL PHONE:	HOME PHONE: WORK PHONE:
EMERGENCY CONTACT: CELL PHONE:	HOME PHONE: WORK PHONE:
OUT-OF-STATE CONTACT: CELL PHONE:	HOME PHONE: WORK PHONE:

DIAL 911 FOR EMERGENCIES



### Family Disaster Plan

LOCAL MEETING PLACE:  
\_\_\_\_\_  
PHONE:  
\_\_\_\_\_  
REGIONAL MEETING PLACE:  
\_\_\_\_\_  
PHONE:  
\_\_\_\_\_  
OUT-OF-STATE MEETING PLACE:  
\_\_\_\_\_  
PHONE:  
\_\_\_\_\_

DIAL 911 FOR EMERGENCIES



### Family Disaster Plan

LOCAL MEETING PLACE:  
\_\_\_\_\_  
PHONE:  
\_\_\_\_\_  
REGIONAL MEETING PLACE:  
\_\_\_\_\_  
PHONE:  
\_\_\_\_\_  
OUT-OF-STATE MEETING PLACE:  
\_\_\_\_\_  
PHONE:  
\_\_\_\_\_

DIAL 911 FOR EMERGENCIES



### Family Disaster Plan

HEAD OF HOUSEHOLD: CELL PHONE:	HOME PHONE: WORK PHONE:
2ND ADULT AT HOME: CELL PHONE:	HOME PHONE: WORK PHONE:
EMERGENCY CONTACT: CELL PHONE:	HOME PHONE: WORK PHONE:
OUT-OF-STATE CONTACT: CELL PHONE:	HOME PHONE: WORK PHONE:

DIAL 911 FOR EMERGENCIES



fold  
here

### Family Disaster Plan

HEAD OF HOUSEHOLD: CELL PHONE:	HOME PHONE: WORK PHONE:
2ND ADULT AT HOME: CELL PHONE:	HOME PHONE: WORK PHONE:
EMERGENCY CONTACT: CELL PHONE:	HOME PHONE: WORK PHONE:
OUT-OF-STATE CONTACT: CELL PHONE:	HOME PHONE: WORK PHONE:

DIAL 911 FOR EMERGENCIES



### Family Disaster Plan

LOCAL MEETING PLACE:  
\_\_\_\_\_  
PHONE:  
\_\_\_\_\_  
REGIONAL MEETING PLACE:  
\_\_\_\_\_  
PHONE:  
\_\_\_\_\_  
OUT-OF-STATE MEETING PLACE:  
\_\_\_\_\_  
PHONE:  
\_\_\_\_\_

DIAL 911 FOR EMERGENCIES



### Family Disaster Plan

LOCAL MEETING PLACE:  
\_\_\_\_\_  
PHONE:  
\_\_\_\_\_  
REGIONAL MEETING PLACE:  
\_\_\_\_\_  
PHONE:  
\_\_\_\_\_  
OUT-OF-STATE MEETING PLACE:  
\_\_\_\_\_  
PHONE:  
\_\_\_\_\_

DIAL 911 FOR EMERGENCIES

