



*Make a Plan. Make a Difference.*

## Family Communications Plan

*Your family may not be together when disaster strikes, so plan how you will contact one another and review what you will do in different situations.*

Out-of-Town Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_ Phone \_\_\_\_\_

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

Name _____	Social Security Number _____
Date of Birth _____	Important Medical Info. _____
Name _____	Social Security Number _____
Date of Birth _____	Important Medical Info. _____
Name _____	Social Security Number _____
Date of Birth _____	Important Medical Info. _____
Name _____	Social Security Number _____
Date of Birth _____	Important Medical Info. _____
Name _____	Social Security Number _____
Date of Birth _____	Important Medical Info. _____
Name _____	Social Security Number _____
Date of Birth _____	Important Medical Info. _____

**Where to go in an emergency.** 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.

### Home

Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Neighborhood Meeting Place \_\_\_\_\_  
 Regional Meeting Place \_\_\_\_\_

### Work

Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Evacuation Location \_\_\_\_\_

### School

Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Evacuation Location \_\_\_\_\_

### Work

Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Evacuation Location \_\_\_\_\_

### School

Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Evacuation Location \_\_\_\_\_

### Other place you frequent:

Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Evacuation Location \_\_\_\_\_

### School

Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Evacuation Location \_\_\_\_\_

### Other place you frequent:

Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Evacuation Location \_\_\_\_\_

Make a note of important contacts, phone numbers and policy numbers. Dial 9-1-1 for emergencies!

Important Information	Name	Telephone #	Policy #
Doctor			
Doctor			
Pharmacist			
Medical Insurance			
Homeowner's/Rental Insurance			
Veterinarian/Kennel			
Other			
Other			
Other			

Every family member should carry a copy of this important information.

1-800-639-READY (7323)



**READYColorado**

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Meeting Place Telephone:

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Neighborhood Meeting Place:

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Telephone:

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Out-of-Town Contact Name:

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Telephone:

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Contact Name:

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**COMMUNICATIONS PLAN**

1-800-639-READY (7323)



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Teléfono del lugar de reunión:

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Lugar de reunión del vecindario:

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Teléfono:

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Nombre de la persona con quien ponerse en contacto fuera de la ciudad:

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Nombre de la persona con quien ponerse en contacto:

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Teléfono:

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Nombre de las personas con quien ponerse en contacto:

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**PLAN DE COMUNICACIONES**