

Our Emergency Plan

[Complete this form or customize it by typing this type of info into your own document.]

Home Address: _____ **Nearby Landmark:** _____

Who We Are:

Name: _____ Preferred Pronoun: _____ Date of Birth: _____ Phone: _____

School/Work: _____ Normal Days/Hours at School/Work: _____

Allergies/Medical Issues: _____ Medications/Dosage: _____

Doctor: _____ Medical Practice: _____ Phone: _____

Insurance Provider: _____ Group Number: _____ Policy #: _____

Name: _____ Preferred Pronoun: _____ Date of Birth: _____ Phone: _____

School/Work: _____ Normal Days/Hours at School/Work: _____

Allergies/Medical Issues: _____ Medications/Dosage: _____

Doctor: _____ Medical Practice: _____ Phone: _____

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Allergies/Medical Issues: _____ Medications/Dosage: _____

Doctor: _____ Medical Practice: _____ Phone: _____

Insurance Provider: _____ Group Number: _____ Policy #: _____

Pharmacy: _____ Address: _____ Phone: _____

Closest Hospital: _____ Address: _____ Phone: _____

Closest Facility with Generator (if Power for Medical Equipment is Required): _____

Our Pets:

Name: _____ Type: _____ Sex: _____ Breed: _____ Approx. Age: _____ Medication/Dosage: _____

Name: _____ Type: _____ Sex: _____ Breed: _____ Approx. Age: _____ Medication/Dosage: _____

Veterinarian: _____ Address: _____ Phone: _____

Summary of Our Plan:

Large empty box for writing a summary of the plan.

Our Meeting Spots:

Just outside our home: _____ Near our home: _____

Spot #1 outside our neighborhood: _____

Route we'll take to get there: _____

Spot #2 outside our neighborhood: _____

Route we'll take to get there: _____

Local Emergency Contacts:

Name: _____ Relationship: _____ Email: _____

Address: _____ Phone: _____ Date Last Discussed Plan: _____

Name: _____ Relationship: _____ Email: _____

Address: _____ Phone: _____ Date Last Discussed Plan: _____

Name: _____ Relationship: _____ Email: _____

Address: _____ Phone: _____ Date Last Discussed Plan: _____

Name: _____ Relationship: _____ Email: _____

Address: _____ Phone: _____ Date Last Discussed Plan: _____

Out-of-Area Contacts:

Name: _____ Relationship: _____ Email: _____

Address: _____ Phone: _____ Date Last Discussed Plan: _____

Name: _____ Relationship: _____ Email: _____

Address: _____ Phone: _____ Date Last Discussed Plan: _____