

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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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 #:** _____

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:

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: _____