



# CREATE YOUR FAMILY EMERGENCY COMMUNICATION PLAN



FEMA

Creating your *Family Emergency Communication Plan* starts with one simple question: “What if?”

“What if something happens and I’m not with my family?” “Will I be able to reach them?” “How will I know they are safe?” “How can I let them know I’m OK?” During a disaster, you will need to send and receive information from your family.

Communication networks, such as mobile phones and computers, could be unreliable during disasters, and electricity could be disrupted. Planning in advance will help ensure that all the members of your household—including children and people with disabilities and others with access and functional needs, as well as outside caregivers—know how to reach each other and where to meet up in an emergency. Planning starts with three easy steps:



## 1. COLLECT.

Create a paper copy of the contact information for your family and other important people/offices, such as medical facilities, doctors, schools, or service providers.



## 2. SHARE.

Make sure everyone carries a copy in his or her backpack, purse, or wallet. If you complete your *Family Emergency Communication Plan* online at [ready.gov/make-a-plan](https://ready.gov/make-a-plan), you can print it onto a wallet-sized card. You should also post a copy in a central location in your home, such as your refrigerator or family bulletin board.



## 3. PRACTICE.

Have regular household meetings to review and practice your plan.

**TEXT  
IS  
BEST!**

If you are using a mobile phone, a text message may get through when a phone call will not. This is because a text message requires far less bandwidth than a phone call. Text messages may also save and then send automatically as soon as capacity becomes available.

## FAMILY EMERGENCY COMMUNICATION PLAN

### HOUSEHOLD INFORMATION

Home #: .....

Address:.....

Name: ..... Mobile #: .....

Other # or social media: .....

Email: .....

Important medical or other information: .....

.....

Name: ..... Mobile #: .....

Other # or social media: .....

Email: .....

Important medical or other information: .....

.....

Name: ..... Mobile #: .....

Other # or social media: .....

Email: .....

Important medical or other information: .....

.....

Name: ..... Mobile #: .....

Other # or social media: .....

Email: .....

Important medical or other information: .....

.....

### SCHOOL, CHILDCARE, CAREGIVER, AND WORKPLACE EMERGENCY PLANS

Name: .....

Address:.....

Emergency/Hotline #: .....

Website: .....

Emergency Plan/Pick-Up: .....

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**SCHOOL,  
CHILDCARE,  
CAREGIVER, AND  
WORKPLACE  
EMERGENCY PLANS**

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Name: .....  
Address:.....  
Emergency/Hotline #: .....  
Website: .....  
Emergency Plan/Pick-Up: .....

Name: .....  
Address:.....  
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Address:.....  
Emergency/Hotline #: .....  
Website: .....  
Emergency Plan/Pick-Up: .....

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**IN CASE OF  
EMERGENCY  
(ICE) CONTACT**

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Name: ..... Mobile #: .....  
Home #: ..... Email: .....  
Address: .....

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**OUT-OF-TOWN  
CONTACT**

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Name: ..... Mobile #: .....  
Home #: ..... Email: .....  
Address: .....

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**EMERGENCY  
MEETING PLACES**

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Indoor: .....  
Instructions: .....  
Neighborhood: .....  
Instructions: .....

Out-of-Neighborhood: .....  
Address:.....  
Instructions: .....

Out-of-Town: .....  
Address:.....  
Instructions: .....

**IMPORTANT  
NUMBERS OR  
INFORMATION**

Police: ..... Dial 911 or #: .....  
Fire: ..... Dial 911 or #: .....  
Poison Control: ..... #: .....  
Doctor: ..... #: .....  
Doctor: ..... #: .....  
Pediatrician: ..... #: .....  
Dentist: ..... #: .....  
Hospital/Clinic: ..... #: .....  
Pharmacy: ..... #: .....  
Medical Insurance: ..... #: .....  
Policy #: .....  
Medical Insurance: ..... #: .....  
Policy #: .....  
Homeowner/Rental Insurance: .....  
#: .....  
Policy #: .....  
Flood Insurance: ..... #: .....  
Policy #: .....  
Veterinarian: ..... #: .....  
Kennel: ..... #: .....  
Electric Company: ..... #: .....  
Gas Company: ..... #: .....  
Water Company: ..... #: .....  
Alternate/Accessible Transportation: .....  
#: .....  
Other: ..... #: .....  
Other: ..... #: .....  
Other: ..... #: .....



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