

FAMILY EMERGENCY PREPAREDNESS WORKSHEET

NAME: _____

In the event of a major disaster, all family members will meet at:

LOCATION: _____

Any family member leaving the meeting place before others will leave a message at:

NAME: _____

HOME PHONE: _____ CELL PHONE: _____

LOCATION: _____

EMAIL ADDRESS, IF APPLICABLE: _____

If there is a serious medical problem, we will first try to go to:

NAME OF HOSPITAL: _____

ADDRESS: _____

If we are unable to go to the hospital, we will try:

ALTERNATE HOSPITAL: _____

ADDRESS: _____

We will leave phone messages, if not reunited within 24 hours, at this Out-of-the-Bay Area Location:

NAME: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

The nearest fire station is at:

LOCATION: _____

Workplace and/or School policy for emergency preparedness:

NAME: _____

POLICY: _____

NAME: _____

POLICY: _____