**Name: _____**

# FAMILY EMERGENCY PREPAREDNESS PLAN

*Emergency preparedness is important, even if your household doesn't include children. Review the list for items that apply to your situation. Make plans with family, friends, housemates, etc.*

**Essential Components to be in place BEFORE an emergency:**

- ☐ Designated meeting place just outside the home
- ☐ Designated meeting place outside the neighborhood (other family member, friend, church, etc) in case family cannot return home.
- ☐ All family members know address and phone number of designated meeting place(s).
- ☐ Out-of-town (or out-of-state) contact everyone in the family will use to report in and check on each other.
- ☐ All family members know name, address, phone number, email address of the out-of-town family contact.
- ☐ Arrangements are made for pets: food, water, leashes, carriers, boarding facility, etc.
- ☐ School emergency plan has been checked and arrangements made
- ☐ School has updated emergency contact information that is 3-deep (i.e., parents, 1st alternate and 2nd alternate for pick-up or emergency contact)
- ☐ School has signed authorization to release children to a care giver other than the parents
- ☐ Daycare provider emergency plan has been checked and arrangements made
- ☐ Daycare provider has updated emergency contact information that is 3-deep
- ☐ Daycare provider has signed authorization to release children to alternate care givers
- ☐ Each family member has a list of emergency contacts including phone numbers and email addresses in their wallet, purse or backpack. This list should include the out-of-town contact, medical providers, pastor or clergy, school contacts, work supervisors, etc.
- ☐ Durable Power of Attorney for Health Care prepared (signed and witnessed) for each family member and given to designated out-of-town family contact person
- ☐ Permission to Treat form completed for each minor child in the family

**FAMILY EMERGENCY PREPAREDNESS PLAN** **Name: _____**

**<u>Plan Details</u>:**

Meeting place near the home: _____

Meeting place outside of the neighborhood: _____

Address: _____

Phone: _____ Cell and/or Text Messaging: _____

Out-of-town emergency contact person: _____

Address: _____

Phone: _____ Cell and/or Text Messaging: _____

Work phone: _____ Email: _____

Special codes: _____
*(e.g., Contact waits to hear two rings, pauses, and then immediately calls back.)*

Employer # 1_____ Family Member: _____
*(Complete for each working adult or young adult.)*

Work phone: _____ Work cell phone: _____

Name of immediate supervisor: _____ Phone: _____

Additional information (hours, email, etc.): _____

Employer # 2: _____ Family Member: _____

Work phone: _____ Work cell phone: _____

Name of immediate supervisor: _____ Phone: _____

Additional information (hours, email, etc.): _____

Employer # 3: _____ Family Member: _____

Work phone: _____ Cell phone: _____

Name of immediate supervisor: _____ Phone: _____

Additional information (hours, email, etc.): _____

**FAMILY EMERGENCY PREPAREDNESS PLAN** **Name: _____**

School or Daycare #1:_____ Family Member: _____

Emergency contact: _____ Phone: _____

Additional information: _____

School or Daycare #2: _____ Family Member: _____

Emergency contact: _____ Phone: _____

Additional information: _____

Medical Provider: _____ Phone: _____

Medical Provider: _____ Phone: _____

Medical Provider: _____ Phone: _____

Pharmacy: _____ Phone: _____

Prescription number:_____

Prescription number:_____

Prescription number:_____

Pastor or clergy person: _____ Phone: _____

Other important information, contacts, notes, etc.: _____

_____

_____

_____

**Review and update regularly!**

Last revision date: _____ _____ _____ _____

**FAMILY EMERGENCY PREPAREDNESS PLAN** **Name: _____**

If an emergency occurs on a weekday and school is in session the family will do the following:

If an emergency occurs on a Saturday or Sunday the family will do the following:

**FAMILY EMERGENCY PREPAREDNESS PLAN** **Name: _____**

If an emergency happens at night the family will do the following:

If an emergency happens on a weekday when school is NOT in session the family will do the following:

**FAMILY EMERGENCY PREPAREDNESS PLAN** **Name: _____**

This is what the family will do to take care of elderly parents, grandparents or others with special needs:

This is what the family will do to take care of pets in the event of an emergency:

**FAMILY EMERGENCY PREPAREDNESS PLAN** **Name: _____**

The family has Durable Power of Attorney for Health Care (Patient Advocate) forms for the following family members and they are located in the following places:
(These documents allow the designated person to speak for the family member if she or he is incapable of making their own decisions regarding health care and treatment.)

| Name | Location |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

The family has Permission to Treat forms completed for all minor children and they are located in the following places:
This document allows health care professionals to treat your child or children in the event of a public health emergency and the parents or guardian are not immediately available to give that permission. (See sample on next page.)

| Child's Name | Location |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

**Name: _____**

**Permission to Treat Minor Child**

I hereby give permission for my child _____
(Child's name)

to be given all necessary and appropriate medical care and treatment to stabilize his/her condition in the event of a public health emergency, or until I can be contacted.

Signed, _____ Date: _____
(Signature of Parent or Guardian)

Print Name: _____

Parents' Contact Information:

Home phone number: _____ Emergency Contact: _____

Mom's cell phone: _____ Mom's work phone: _____

Dad's work phone #: _____ Dad's cell phone #: _____

Alternate Emergency Contact: _____ Phone: _____