



# Family Communications Plan



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Important Information	Name	Telephone #	Policy #
Doctor(s):			
Other:			
Pharmacist:			
Medical Insurance:			
Homeowners/Rental Insurance:			
Veterinarian/Kennel (for pets):			

Other useful phone numbers: **9-1-1** for emergencies. Police Non-Emergency Phone #: \_\_\_\_\_

Fire Non-Emergency Phone #: \_\_\_\_\_

Other Important Phone Numbers & Information:

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Other Important Phone Numbers & Information:

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Other Important Phone Numbers & Information:

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# Family Communications Plan

Your family may not be together when disaster strikes, so plan how you will contact one another and review what you will do in different situations.

Out-of-State Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Fill out the following information for each family member and keep it up to date.**

Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____

**Where to go in an emergency.** Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare providers, workplaces and apartment buildings should all have site-specific emergency plans.

**Home**  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Neighborhood Meeting Place: \_\_\_\_\_  
Regional Meeting Place: \_\_\_\_\_

**Work**  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

**School**  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

**Work**  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

**School**  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

**Other place you frequent:**  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

**School**  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

**Other place you frequent:**  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

Every family member should carry a copy of this important information:

## Family Communications Plan

Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Out-of-State Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Neighborhood Meeting Place: \_\_\_\_\_  
Meeting Place Telephone: \_\_\_\_\_

*Dial 9-1-1 for Emergencies!*

## Family Communications Plan

Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Out-of-State Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Neighborhood Meeting Place: \_\_\_\_\_  
Meeting Place Telephone: \_\_\_\_\_

*Dial 9-1-1 for Emergencies!*

## Family Communications Plan

Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Out-of-State Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Neighborhood Meeting Place: \_\_\_\_\_  
Meeting Place Telephone: \_\_\_\_\_

*Dial 9-1-1 for Emergencies!*