



Date: \_\_\_\_\_ Date for an Update: \_\_\_\_\_

### Our Family Disaster Plan

PARENTS NAME(S) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY /STATE/ZIP \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
WEB SITE: \_\_\_\_\_

DIRECTIONS TO HOME FROM A MAJOR INTERSECTION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### OUT OF AREA CONTACT PERSON:

NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_  
ALTERNATE PHONE: \_\_\_\_\_

#### INSURANCE (Company and phone)

PROPERTY: \_\_\_\_\_  
FLOOD: \_\_\_\_\_  
LIABILITY: \_\_\_\_\_

**EVACUATION**

EVACUATION Route #1:

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EVACUATION Route #2:

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**UTILITY PHONE NUMBERS AND LOCATION OF and HOW TO TURN ON/OFF:**

GAS	PHONE NUMBER: LOCATION: HOW TO TURN ON/OFF:	<hr/> <hr/> <hr/>
ELECTRICITY	PHONE NUMBER: LOCATION: HOW TO TURN ON/OFF:	<hr/> <hr/> <hr/>
WATER	PHONE NUMBER: LOCATION: HOW TO TURN ON/OFF:	<hr/> <hr/> <hr/>
HOT WATER	PHONE NUMBER: LOCATION: HOW TO TURN ON/OFF:	<hr/> <hr/> <hr/>
SEWER	PHONE NUMBER: LOCATION: HOW TO TURN ON/OFF:	<hr/> <hr/> <hr/>
DSL	PHONE NUMBER: LOCATION: HOW TO TURN ON/OFF:	<hr/> <hr/> <hr/>

**FAMILY (complete on each individual member)**

NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_

SPECIAL NEEDS/CONSIDERATIONS:

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NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_

SPECIAL NEEDS/CONSIDERATIONS:

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NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
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SPECIAL NEEDS/CONSIDERATIONS:

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Date: \_\_\_\_\_ Date for an Update: \_\_\_\_\_

NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_

SPECIAL NEEDS/CONSIDERATIONS: \_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_

SPECIAL NEEDS/CONSIDERATIONS: \_\_\_\_\_  
\_\_\_\_\_

**PETS**

TYPE (dog, cat, bird, etc)	NAME	AGE	SPECIAL NEEDS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____