Date:			

Every individual should have a plan in place so that you can ensure that family, pets and/or elder care obligations are met in the event you need to report to work during an emergency or are not able to care for them. You may need someone to care for members of your household if you cannot be there for them or if you become sick. Look for more than one option. Don't forget to include yourself and your pets.

Make a plan and share it with others so they know what to do. Change the date when you review and update your plan every six months.

To plan for an emergency situation:

- Gather emergency contact information.
- Talk with loved ones and neighbors about how they would be cared for if they got sick.
- Keep medical information up to date for all family members, including pets.
- Record other important information, such as insurance policies or veterinarians.
- Store a supply of water, food, medications and supplies (see supply list).

Date:		

Family Information (fill out for each family member)			
Whole name:	Date of Birth:		
Relationship: (mother, father, son, daughter, etc.)	Address:		
Home phone:	Cell phone:		
Work phone:	E-mail:		
Doctor name and number:	Social security number:		
Allergies/allergy medication:	Blood type:		
Past/current medical conditions:	Recent vaccinations:		
Current medication/dosages:	Advance directive: No		

Date:		

EMERGENCY CON	TACTS/INFORMATION
Contact	Name/phone/number/e-mail address
Local personal emergency contact	
Out-of-town personal emergency contact	
Local public health department	
Hospital	
Pharmacy	
Employer contact and emergency information	
School contact and emergency information	
Emergency Meeting Place if home needs to be evacuated	
Other	

Date:		
17015		

PERSONAL/FAMILY CARE PLAN				
Household member	Care provider	Phone number/e-mail address		
	Provider:			
	Back-up:			
	Provider:			
	Back-up:			
	Provider:			
	Back-up:			
	Provider:			
	Back-up:			
	Provider:			
	Back-up:			
	Provider:			
	Back-up			

	•	•	•	
Data:				

Important Information

INSURANCE INFORMATION (life, medical, homeowners)				
Policy holder	Company name/policy type	Policy number	Phone number	Persons covered

PET INFORMATION			
Pet	Pet license number and expiration date	Veterinarian name and phone number	Care provider
			Provider:
			Back up:
			Provider:
			Back up:
			Provider:
			Back up:

Date:

Examples of medical, health and emergency supplies
Prescribed medical supplies such as glucose and blood pressure monitoring
equipment ☐Soap and water, or alcohol based (60–
90%) hand wash ☐Medicines for fever, such as
acetaminophen or ibuprofen
□Thermometer
□Anti-diarrheal medication
□Vitamins
☐Fluids with electrolytes
□Cleaning agent/soap
☐Flashlight
□Batteries
□Portable radio
□Manual can opener
□Garbage bags
☐Tissues, toilet paper and disposable diaper

^{*} For shelf-life of foods for storage, rotation guidelines, tips for using the water stored in your house pipes, and other information, refer to *Food and Water in an Emergency* resource (www.fema.gov/pdf/library/f&web.pdf).