'S

Family Emergency Plan



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

Preparedness allows you to navigate life's challenges.

Neighborhood Meeting Place: Out of Neighborhood Meeting Place:				
Communication Plan				
	information to quit your family's sin	aum atom as a		
 Fill in the information below. Add other important Keep this plan with your emergency supplies kit, a 				
File a copy of emergency contact information with	the command ombudsman and the	command to be opened only in case of emer	gency.	
Make sure every family member has the most important to the m	ortant contact information on a curr	ent Emergency Contact Card.		
Where the family spends time				
Home:	School:			
Address:	Address:			
Phone:	Phone:			
Evacuation Location:	Evacuation Location:			
's Work:	School:			
Address:	Address:			
Phone:				
Evacuation Location:				
's Work:	Other place you frequent:			
Address:				
Phone:				
Evacuation Location:	Evacuation Location:			
Contact information				
Out-of-Town Contact:	Phone:			
E-Mail:				
PMO Phone:				
Officer on Duty:	Family Readiness Officer:			
Family members				
Name:	Birth Date:	Social Security #:		
Drivers License #:	Passport #:			
Prescriptions/Medical Information:				
Name:	Birth Date:	Social Security #:		
Drivers License #:	Passport #:			
Prescriptions/Medical Information:			7	
Name:				
Drivers License #:			1	
Prescriptions/Medical Information:				
Name:				
Drivers License #:	Passport #:			
Prescriptions/Medical Information:				

DIAL 911 FOR EMERGENCIES



Family Emergency Plan

Family members - continued				
-	Birth Date:	Social Security #:		
Drivers License #:				
Prescriptions/Medical Information:	=			
Name:		Social Security #:		
Drivers License #:				
Prescriptions/Medical Information:				
Important contacts and insurance policy numbers				
Name	Phone	Policy#		
Doctor(s):				
Doctor(s):				
Dentist:				
Pharmacy:				
Veterinarian/Kennel:				
Medical Insurance:				
Dental Insurance:				
Homeowners/Renters Insurance:				
Automobile Insurance:				
Life Insurance:				
Provisions for Utilities				
Write the locations of, and instructions for, these controls ar good thing to review and practice with the whole family.) Electricity:				
Important Records				
Use these checklists to help collect important papers to keep	n with your emergency supply k	cit for ready access in case of evacuation. If not		
regularly used, place important records in a waterproof/fire				
Personal	Financial			
☐ Military ID cards	☐ Bank/credit union stat	tements		
□ Driver's licenses		☐ Credit/debit card statements		
☐ Birth certificates/adoption records	☐ Income records (including government benefits, child support, and alimony)			
☐ Social Security cards	☐ Mortgage statement or lease			
□ Passports		☐ Bills (electricity, gas, water)		
☐ Citizenship papers		☐ Health insurance cards and records		
☐ Marriage licenses, divorce records	☐ Other insurance records (auto/property/life)			
☐ Vehicle registration/ownership records	☐ Tax returns, property tax statements			
□ Medical records	☐ Investment/retirement account records			
☐ Immunization records	,,			
☐ Power(s) of attorney (personal/property)				
□ Wills				
☐ Household goods inventory from last three PCS moves				
Other important information				
other important information				



Family Emergency Plan

Fill out these cards and give one to each member of your family to make sure they know who to call and where to meet in case of an emergency. Use this card for any additional information needed to supplement primary and alternate command points of contact.

WWW.READY.MARINES.MIL	7	WWW.READY.MARINES.MIL	
enoitional Important Phone Numbers & Information:		rt Phone Numbers & Information:	istroqml IsnoitibbA
Family Emergency Plan READY MARINE CORPS	- FOLD HERE > F	Family Emergency Plan	READY MARINE CORPS
Emergency Contact Name:		Emergency Contact Name: Telephone:	
Telephone:	i i		
Out-Of-Town Contact Name:		Out-Of-Town Contact Name:	
Telephone:	! !	Telephone:	
Neighborhood Meeting Place:	i	Neighborhood Meeting Place:	
Telephone:		Telephone:	
Out of Neighborhood Meeting Place:	1 1	Out of Neighborhood Meeting Place:	
Telephone: DIAL 911 OR YOUR LOCAL EMERGENCY NUMBER		Telephone: DIAL 911 OR YOUR LOCAL EMERGENCY NUMBER	
bial 311 OK 100K LOCAL LIVILNGLINGT NOWIDER	1 1	DIAL 911 OK TOOK LOCAL LIMENGENOT NOWBER	
MMW.READY.MARINES.MIL	.0	WWW.READY.MARINES.MIL	
	1' '1		
	i		
	1		
l	1 1		
	i i		
Additional Important Phone Numbers & Information:		rt Phone Numbers & Information:	Additional Importan
Family Emergency Plan Emergency Contact Name:	I I	Family Emergency Plan	READY
Emergency Contact Name:	1 1	Emergency Contact Name:	CORPS
Telephone:	1 1	Telephone:	
Out-Of-Town Contact Name:		Out-Of-Town Contact Name:	
Telephone:	1 1	Telephone:	
Neighborhood Meeting Place:	i i	Neighborhood Meeting Place:	
Telephone:		Telephone:	
Out of Neighborhood Meeting Place:	1 1	Out of Neighborhood Meeting Place:	
Telephone:	i i	Telephone:	
DIAL 911 OR YOUR LOCAL EMERGENCY NUMBER		DIAL 911 OR YOUR LOCAL EMERGENCY NUMBER	
	i i		