



Family Communications Plan



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Illinois
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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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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: _____
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