

FAMILY EMERGENCY PLAN

Complete this plan and keep it on your refrigerator.

IN A LIFE-THREATENING EMERGENCY: CALL 911 FIRST



No Pulse / Not Breathing

Call 911 • Start CPR • Use AED (defibrillator)



Fire in the Home

Get out • Stay out • Call 911 from outside



Severe Weather

Interior room • Away from windows • Stay down

EMERGENCY ACTION PLAN

Primary Meeting Place: _____

Backup Meeting Place: _____

Safe Room in House: _____

EMERGENCY NUMBERS

Poison Control: 1-800-222-1222

Police Non-Emergency: _____

Fire Dept Non-Emergency: _____

Hospital / Emergency Room: _____

Gas Company Emergency: _____

Electric Company Emergency: _____

FAMILY CONTACTS

Family Name: _____

Home Address: _____

Parent / Guardian 1

Name: _____

Phone: _____

Parent / Guardian 2

Name: _____

Phone: _____

Trusted Neighbor / Helper

Name: _____

Phone: _____

SUPPLY LOCATIONS

First Aid Kit: _____

Medications: _____

EpiPen: _____

Inhaler: _____

FAMILY MEDICAL INFORMATION

| Family Member | Allergies | Medical Conditions | Medications |
|---------------|-----------|--------------------|-------------|
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