



Naval Services FamilyLine Guideline Series Resources

FAMILY EMERGENCY PLAN FORM

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Your family may not be together when disaster strikes, so plan what to do and how you will contact one another in different situations. Completing this form is a crucial part of that plan.

EVACUATION PLAN

NEIGHBORHOOD MEETING PLACE:

PHONE:

OUT OF NEIGHBORHOOD MEETING PLACE:

PHONE:

COMMUNICATION PLAN

- Fill out the information below. Add other important information to suit your family's circumstances.
- Keep this plan with your **Basic Emergency Supply Kit**, along with your command's standard and emergency muster procedures.
- File a copy of your emergency contact information with the command ombudsman and the command to be opened only in case of an emergency.
- Make sure every family member has the most important contact information on a current **Emergency Contact Card**.

HOME:

Address:

Phone:

Neighborhood Evacuation Location:

Out of Neighborhood Location:

WORK NAME:

Address:

Phone:

WORK NAME:

Address:

Phone:



Evacuation Location:

SCHOOL NAME:

Address:

Phone:

Evacuation Location:

SCHOOL NAME:

Address:

Phone:

Evacuation Location:

ANOTHER PLACE YOU FREQUENT:

Address:

Phone:

Evacuation Location:

CONTACT INFORMATION

OUT-OF-TOWN CONTACT:

Phone:

Alternate Phone Number:

E-Mail:

COMMAND INFORMATION:

Quarterdeck Phone:

Admin Office:

Command Duty Officer (CDO):

Ombudsman:

Navy-Wide Emergency Call Center phone: 1-877-414-5358

(TDD number: 1-866-297-1971)



FAMILY MEMBERS

NAME:

Birth Date:

Social Security #:

Drivers License #:

Passport #:

Prescriptions/Medical Information:

Name:

Birth Date:

Social Security #:

Drivers License #:

Passport #:

Prescriptions/Medical Information:

NAME:

Birth Date:

Social Security #:

Drivers License #:

Passport #:

Prescriptions/Medical Information:

NAME:

Birth Date:

Social Security #:

Drivers License #:

Passport #:

Prescriptions/Medical Information:

NAME:

Birth Date:

Social Security #:

Drivers License #:

Passport #:

Prescriptions/Medical Information:



IMPORTANT CONTACTS AND INSURANCE POLICY NUMBERS

DOCTOR(S):

Phone:

Policy#:

DOCTOR(S):

Phone:

Policy#:

DENTIST:

Phone:

Policy#:

PHARMACY:

Phone:

Policy#:

VETERINARIAN / KENNEL:

Phone:

Policy#:

MEDICAL INSURANCE:

Phone:

Policy#:

DENTAL INSURANCE:

Phone:

Policy#:

HOMEOWNERS / RENTERS INSURANCE:

Phone:

Policy#:

AUTOMOBILE INSURANCE

Phone:

Policy#:

LIFE INSURANCE:

Phone:

Policy#:



PROVISIONS FOR UTILITIES

In various emergency situations, whether you shelter-in-place or evacuate, you may be advised to cut off ventilation systems or utilities. Write the locations of, and instructions for, these controls and any tools necessary to change them. (Like fire and evacuation plans, this is a good thing to review and practice with the whole family.)

ELECTRICITY:

GAS:

WATER:

VENTILATION:

