



# 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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Other Important Phone Numbers & Information:

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Other Important Phone Numbers & Information:

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# Plan de Comunicación Familiar

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: \_\_\_\_\_  
Meeting Place Telephone: \_\_\_\_\_  
*Dial 9-1-1 for Emergencies!*

