

# FAMILY EMERGENCY PLAN

Complete this emergency plan so your family is prepared in case of a disaster. Once complete, place this emergency plan in an easily accessible location and / or take a photo of this emergency plan and save it in your phone.

## CONTACT INFORMATION

Home Address: \_\_\_\_\_

### Family Member / Household Contact Info

Name:	Cell Phone:	Email:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**In the event that our household is separated or unable to communicate with each other, our emergency contact outside of immediate area is:**

Name:	Cell Phone:	Email:
_____	_____	_____

### Pet(s) Info

Name:	Type:	Description (i.e., color):	Registration / Microchip #:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## IMPORTANT CONTACTS

Police Department: _____	Dial 911 or # _____
Fire Department: _____	Dial 911 or # _____
Poison Control: <u>American Assoc. of Poison Control Centers</u>	Dial 911 or # <u>(800)-222-1222</u>
Doctor: _____	# _____
Pediatrician: _____	# _____
Dentist: _____	# _____
Hospital / Clinic: _____	# _____
Electric Company: _____	# _____
Gas Company: _____	# _____
Water Company: _____	# _____
Other: _____	# _____



For more information on emergency planning, visit the Warren County EMA website at <https://co.warren.oh.us/emergencyservices/>

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## EMERGENCY PLANNING

The disasters most likely to affect our household include:

What are the escapes routes from our home?

If separated during an emergency (like a fire), where is our neighborhood meeting place?

\*Choose somewhere your family will meet and can see first responders arriving to your home.

If we can't return home / asked to evacuate, what is our meeting place out of the neighborhood?

In-Town Meeting Place: \_\_\_\_\_

Out-of-Town Meeting Place: \_\_\_\_\_

## IN CASE OF EMERGENCY, WHERE IS THE FOLLOWING LOCATED?

Fire Extinguisher: \_\_\_\_\_

Family Emergency Kit: \_\_\_\_\_

## UTILITY INFORMATION

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.

Electricity: \_\_\_\_\_

Gas: \_\_\_\_\_

Water: \_\_\_\_\_

Ventilation / HVAC: \_\_\_\_\_

## EMERGENCY PLANNING CHECKLIST

- |                                                           |                                                                                   |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> Sign Up for Emergency Alerts     | <input type="checkbox"/> Update Emergency Kit Annually                            |
| <input type="checkbox"/> Assemble Pet Disaster Kit        | <input type="checkbox"/> List of Pet-Friendly Hotels                              |
| <input type="checkbox"/> Mark All Utility Shut-Off Valves | <input type="checkbox"/> Copies of Bank Statements / Cash Supply in Emergency Kit |



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