

## FAMILY EMERGENCY PLAN

## Ensuring a safe and secure homeland for all North Dakotans

Make sure your family has a plan in case of an emergency. Before an emergency happens, sit down together and decide how you will get in contact with each other, where you will go and what you will do in an emergency. Keep a copy of this plan in your emergency supply kit or another safe place where you can access it in the event of a disaster.

Out-of-Town Contact Name:	Telephone Number:	
Email:		
Neighborhood Meeting Place:	Telephone Number:	
Regional Meeting Place:	Telephone Number:	
Evacuation Location:	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:
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Name:	Social Security Number:
Date of Birth:	Important Medical Information:
Name:	Social Security Number:
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Date of Birth:	Important Medical Information:

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 that you and your family need to know about.

Work Location One	School Location One		
Address:	Address:		
Phone Number:	Phone Number:		
Evacuation Location:	Evacuation Location:		
Work Location Two	School Logoficz Two		
	School Location Two		
Address:	Address:		
Phone Number:	Phone Number:		
Evacuation Location:	Evacuation Location:		
	School Location Three		
Work Location Three	School Location Three		
Work Location Three Address:	School Location Three Address:		
Address:	Address:		
Address: Phone Number: Evacuation Location:	Address: Phone Number: EvacuationLocation:		
Address: Phone Number: Evacuation Location: Other place you frequent	Address: Phone Number: EvacuationLocation: Other place you frequent		
Address: Phone Number: Evacuation Location:	Address: Phone Number: EvacuationLocation:		
Address: Phone Number: Evacuation Location: Other place you frequent	Address: Phone Number: EvacuationLocation: Other place you frequent		
Address: Phone Number: Evacuation Location: Other place you frequent Address:	Address: Phone Number: EvacuationLocation: Other place you frequent Address:		

Important Information Name Telephone Number Policy Number
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Doctor (s)

Other:

Pharmacist:

Medical Insurance:

Homeowners/Rental Insurance

Veterinarian/Kennel

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