

KCEMA

FAMILY DISASTER PLAN



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Updated On	Next Update

FAMILY DISASTER PLAN

A family disaster plan tells everyone in the household what they will do during an emergency. Having a plan reduces the stress of coping with a disaster, during and after the event.

With your family, you can easily assemble information about family members and pet, belongings, and your home. This information might not be easily assessable following a disaster. This Plan document does not include every situation. Your families may need to include additional details specific to your needs.

Plan to update this document annually, or whenever there are changes in your family situation.

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BASIC INFORMATION

Family Member's Name		Birth Date	Relation	SSN
Cell Phone		Email Address		

Family Member's Name		Birth Date	Relation	SSN
Cell Phone		Email Address		

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Cell Phone		Email Address		

Family Member's Name		Birth Date	Relation	SSN
Cell Phone		Email Address		

Family Member's Name		Birth Date	Relation	SSN
Cell Phone		Email Address		

Home Address	Land Line

HOUSEHOLD INFORMATION

Home Insurance

Company Name	Agent
Agent's Phone Number	Policy Number
Number to Make a Claim	

Utility and Service Providers

Water			
Company Name		Phone	
Notes			

Electric			
Company Name		Phone	
Notes			

Landline			
Company Name		Phone	
Mobile			
Company Name		Phone	
Notes			

Internet Providers			
Company Name		Phone	
Notes			

Home Layout/Diagram

Draw a layout of the dwelling, including locations of utility shutoffs and safety equipment like fire extinguishers, disaster supplies, etc.

Notes:

Family Assets

List family financial assets including bank accounts, credit cards, loans and investments.

Account Type	Institution	Phone
Account Number	Address	

Account Type	Institution	Phone
Account Number	Address	

Account Type	Institution	Phone
Account Number	Address	

Account Type	Institution	Phone
Account Number	Address	

Account Type	Institution	Phone
Account Number	Address	

Account Type	Institution	Phone
Account Number	Address	

Account Type	Institution	Phone
Account Number	Address	

Account Type	Institution	Phone
Account Number	Address	

VEHICLE INFORMATION

Make	Model	Year	License Plate	VIN

Vehicle Insurance

Agent Name _____ Phone _____

Policy Number _____ Claims Number _____

CONTACTS

Family, Friends, Neighbors

Have at least 2 nearby contacts and agree to check on each other.

Name _____ Home Phone _____

Address _____ Work Phone _____

Email Address _____

Name _____ Home Phone _____

Address _____ Work Phone _____

Email Address _____

Out of Area Contacts

During and after a disaster, phones should be used only for emergencies. It may be difficult for people to call into the area, so an out-of-area contact can call others on your behalf.

Name _____ Home Phone _____

Address _____ Work Phone _____

Email Address _____

Name _____ Home Phone _____

Address _____ Work Phone _____

Email Address _____

DESIGNATED EMERGENCY MEETING LOCATIONS

Identify and discuss with all household members where to go during a disaster and should a disaster prevent family members from returning home.

People with disabilities are advised to identify 2 – 3 people at work, school, neighborhood, etc who will assist them in the event of a disaster.

If a disaster prevents, reunion procedures are as follows:

In or around house/ apartment

In or around house/ apartment

Outside house/ apartment

Priority location when family is not home (Leave note in designated place where you will be ie – neighbor, relative, park, school, shelter, etc)

Notes

Adult Family Member

Legal Name	Nickname	Date of Birth	Phone

Employer Name	Address	Phone	E-mail

Medical Information – Health disability

Allergies

Special needs, equipment, supplies

Primary Care Doctor			
Name		Phone	
Office		Address	

Other Doctors		Specialty	
Name		Phone	
Office		Address	

Other Doctors		Specialty	
Name		Phone	
Office		Address	

Other Doctors		Specialty	
Name		Phone	
Office		Address	

Other Doctors		Specialty	
Name		Phone	
Office		Address	

Medications for Adult Family Member Name

If medication is lost in a disaster, an emergency prescription can be obtained.

Medication name	Dose/frequency	Reason for taking	Rx number
Prescribing physician		Pharmacy phone	Prescription Date

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Disaster Procedure

Each family member should know each other's disaster procedure for work, school or other places where they spend time.

Adult Family Member

Legal Name	Nickname	Date of Birth	Phone

Employer Name	Address	Phone	E-mail

Medical Information – Health disability

Allergies

Special needs, equipment, supplies

Primary Care Doctor			
Name		Phone	
Office		Address	

Other Doctors		Specialty	
Name		Phone	
Office		Address	

Other Doctors		Specialty	
Name		Phone	
Office		Address	

Other Doctors		Specialty	
Name		Phone	
Office		Address	

Other Doctors		Specialty	
Name		Phone	
Office		Address	

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Disaster Procedure

Each family member should know each other's disaster procedure for work, school or other places where they spend time.

Child Family Member

Legal Name	Nickname	Date of Birth	Phone

Physical Description

Birth marks	Height	Weight	Hair Color	Eye Color

School

Name	Address	Teacher	Phone

Other Caregiver

Name	Address	Phone

Medical Information – Health disability

Allergies

Special needs, equipment, supplies

Primary Care Doctor			
Name		Phone	
Office		Address	

Other Doctors		Specialty	
Name		Phone	
Office		Address	

Other Doctors		Specialty	
Name		Phone	
Office		Address	

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School

Name	Address	Teacher	Phone

Other Caregiver

Name	Address	Phone

Medical Information – Health disability

Allergies

Special needs, equipment, supplies

Primary Care Doctor			
Name		Phone	
Office		Address	

Other Doctors		Specialty	
Name		Phone	
Office		Address	

Other Doctors		Specialty	
Name		Phone	
Office		Address	

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Disaster Procedure

Each family member should know each other's disaster procedure for work, school or other places where they spend time.

PETS

Registered Name		Nickname	Type of animal	Breed
Microchip #			License/rabies Tag #	
Veterinarian			Phone	
Address			Kennel	

Registered Name		Nickname	Type of animal	Breed
Microchip #			License/rabies Tag #	
Veterinarian			Phone	
Address			Kennel	

Registered Name		Nickname	Type of animal	Breed
Microchip #			License/rabies Tag #	
Veterinarian			Phone	
Address			Kennel	

Registered Name		Nickname	Type of animal	Breed
Microchip #			License/rabies Tag #	
Veterinarian			Phone	
Address			Kennel	

Registered Name		Nickname	Type of animal	Breed
Microchip #			License/rabies Tag #	
Veterinarian			Phone	
Address			Kennel	

Registered Name		Nickname	Type of animal	Breed
Microchip #			License/rabies Tag #	
Veterinarian			Phone	
Address			Kennel	

Registered Name		Nickname	Type of animal	Breed
Microchip #			License/rabies Tag #	
Veterinarian			Phone	
Address			Kennel	

RESOURCES

For more information about emergency preparedness, please visit the following websites:

- Knox County Emergency Management
www.ci.galesburg.il.us/resources/emergency_management/index
- www.fema.gov
- National Weather Service: www.weather.gov
- United Way 2-1-1: www.unitedway.org

Emergency Numbers

CALL 911 FOR EMERGENCIES

Name	Number
Ambulance -	
City Hall -	
Fire Dept -	
Police Dept -	
Knox Co Health Department	309.344.2224
American Red Cross	800.786.6272
Poison Control	800.222.1222
Salvation Army	309.342.9168



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