



Department of Emergency Management

Family Communication Plan



Before an emergency happens, have a family discussion to determine who would be your out-of-state point of contact, and where you would meet away from your home – both in the neighborhood and within your town.

Emergencies can happen at any time. Does your family know how to get in touch with each other if you are not all together?

Pick the same person for each family member to contact. It might be easier to reach someone who's out of town.

Important Information

Fill in this information and keep a copy in a safe place, such as your purse or briefcase, your car, your office, and your disaster kit. Be sure to look it over every year and keep it up to date.

Out-of-Town Contact

Name: _____
Home: _____
Cell: _____
Email: _____
Facebook: _____
Twitter: _____

Neighborhood Meeting Place:

Community Meeting Place:

Work Information:

Workplace: _____
Address: _____
Phone: _____
Facebook: _____
Twitter: _____

School Information:

School: _____
Address: _____
Phone: _____
Facebook: _____
Twitter: _____

Work Information:

Workplace: _____
Address: _____
Phone: _____
Facebook: _____
Twitter: _____

School Information:

School: _____
Address: _____
Phone: _____
Facebook: _____
Twitter: _____



12879 Route 438 - Irving, NY 14081 - 532-8178 or 532-4900

3655 Administration Drive - Salamanca, NY 14779 - 945-8118



Important Information (continued)



Text, don't talk!.....

UNLESS YOU ARE IN DANGER, SEND A TEXT. TEXTS MAY HAVE AN EASIER TIME GETTING THROUGH THAN PHONE CALLS, AND YOU DON'T WANT TO TIE UP PHONE LINES NEEDED BY EMERGENCY WORKERS.

Family Information:

Name: _____

Date of Birth: _____

Social Security Number: _____

Important Medical Information: _____

Family Information:

Name: _____

Date of Birth: _____

Social Security Number: _____

Important Medical Information: _____

Family Information:

Name: _____

Date of Birth: _____

Social Security Number: _____

Important Medical Information: _____

Family Information:

Name: _____

Date of Birth: _____

Social Security Number: _____

Important Medical Information: _____

Medical Contacts

Doctor:

Phone:

Pediatrician:

Dentist: _____

Phone:

Pharmacist: _____

Phone:

Specialist: _____

Phone:

Veterinarian/Kennel: _____

Phone:

Insurance Information:

Medical: _____

Phone: _____

Policy Number: _____

Homeowners/Rental Insurance:

Phone: _____

Policy Num-



PROTECT YOUR FAMILY...

HAVE A PLAN!