

The Family Emergency Preparedness Plan

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE



MEET OUR FAMILY

Name _____ **Age** _____ **First Language** _____

- Primary contact numbers _____
- Email _____
- Preferred social network _____ and handle _____

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OUR PETS INCLUDE

Name _____ is a _____ (type of animal)

Name _____ is a _____ (type of animal)

Name _____ is a _____ (type of animal)

Name _____ is a _____ (type of animal)

OUR HOME ADDRESS IS

OUR FAMILY MEETING LOCATIONS ARE

Neighborhood meeting place: _____ (place) at _____ (address)
_____ (instructions)

Regional meeting place: _____ (place) at _____ (address)
_____ (instructions)

OUR EMERGENCY CONTACTS ARE

In-town contact: _____ (name) _____ (primary phone) _____ (email or social)

Out-of-town contact: _____ (name) _____ (primary phone) _____ (email or social)

These people should be added as contacts to all family members' cell phones. For members of the family without a cell phone, keep an emergency contact card in a wallet, purse, backpack, etc. – anything they carry with them when not at home.

PRESCRIPTIONS & MEDICATIONS

Name _____ takes _____ (prescription) and/or uses _____ (device)
prescribed by _____ (doctor)

Name _____ takes _____ (prescription) and/or uses _____ (device)
prescribed by _____ (doctor)

Name _____ takes _____ (prescription) and/or uses _____ (device)
prescribed by _____ (doctor)

WORK PLACES

Name _____ works at _____ (company)
_____ (address) _____ (phone)

Name _____ works at _____ (company)
_____ (address) _____ (phone)

Name _____ works at _____ (company)
_____ (address) _____ (phone)

Name _____ works at _____ (company)
_____ (address) _____ (phone)

SCHOOLS & CHILDCARE

Name _____ goes to _____ (school/caregiver)
_____ (address) _____ (phone)

Name _____ goes to _____ (school/caregiver)
_____ (address) _____ (phone)

Name _____ goes to _____ (school/caregiver)
_____ (address) _____ (phone)

Name _____ goes to _____ (school/caregiver)
_____ (address) _____ (phone)

THIS PLAN HAS BEEN SHARED WITH

Name _____

Name _____

Sharing this plan with your emergency contacts is extremely helpful so that there is a copy outside of the home with a trusted source who your family knows to contact should something happen.

Keep a copy of this plan in a safe, but accessible place in your home. Should something happen, all family members should know where this is and should be able to access it.

For more information visit ReadyWashoe.com