





Please include other important information on the back these cards.
Tip: Use tape or self-seal laminating sheets to extend the durability of your card.

ADDITIONAL INFORMATION:

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IMPORTANT INSURANCE INFORMATION:

Include important insurance information and note any prescription or other medical important information.

Name: _____
Phone: _____
Policy Number: _____

Name: _____
Phone: _____
Policy Number: _____

Name: _____
Phone: _____
Policy Number: _____

Name: _____
Phone: _____
Policy Number: _____

Other Information: _____

Dial 911 for Emergencies

TAKE AN ACTIVE ROLE IN YOUR SAFETY
Visit SJReady.org to stay informed and sign up for emergency notifications.



-  SJReady.org
-  [Facebook.com/sjcoes](https://www.facebook.com/sjcoes)
-  [Twitter.com/SJC_OES](https://twitter.com/SJC_OES)
-  [Instagram.com/SJC_OES](https://www.instagram.com/SJC_OES)



FAMILY EMERGENCY PLAN ✓



EMERGENCY INFORMATION

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.**

MEETING INFORMATION:

Neighborhood Meeting Place: _____

Out-of-Neighborhood Meeting Place: _____

Out-of-Town Meeting Place: _____

FAMILY MEMBER INFORMATION:

Name: _____

Date of Birth: _____

Important Medical Information: _____

Name: _____

Date of Birth: _____

Important Medical Information: _____

Name: _____

Date of Birth: _____

Important Medical Information: _____

Name: _____

Date of Birth: _____

Important Medical Information: _____

FREQUENT LOCATIONS:

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 - Address: _____

Phone: _____

Evacuation Location: _____

Work - Address: _____

Phone: _____

Evacuation Location: _____

Work - Address: _____

Phone: _____

Evacuation Location: _____

School - Address: _____

Phone: _____

Evacuation Location: _____

School - Address: _____

Phone: _____

Evacuation Location: _____

School - Address: _____

Phone: _____

Evacuation Location: _____

Other - Address: _____

Phone: _____

Evacuation Location: _____

Other - Address: _____

Phone: _____

Evacuation Location: _____

Fill out these cards and give one to each member of your family to make sure they know who to call and where to meet in case of an emergency.

FAMILY EMERGENCY PLAN

Emergency Contact Name: _____

Phone: _____

Out-of-Town Contact Name: _____

Phone: _____

Neighborhood Meeting Place: _____

Phone: _____

Other Important Information: _____

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Emergency Contact Name: _____

Phone: _____

Out-of-Town Contact Name: _____

Phone: _____

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