Family emergency plan

Fill this out together. Practice it twice a year so it feels normal, not scary.

IF WE HAVE TO LEAVE

Where we go first: _____

Route 1: _____

Route 2: _____

Who grabs the go-bags: _____

Who gets the pets: _____

IF WE'RE APART

Who picks up the kids: _____

School pickup plan: _____

We text first, then call: _____

AT HOME

Water shutoff is at: _____

Gas shutoff is at: _____

Electrical panel is at: _____

Fire extinguisher is at: _____

Our safe room is: _____

SPECIAL NEEDS

Medical needs: _____

Allergies: _____

Mobility or other needs: _____