



# Family Communications Plan



Printed by the Authority of the State of  
Illinois  
(IOCI 23-0217 - 300 - 8/22)



Important Information	Name	Telephone #	Policy #
Doctor(s):			
Other:			
Pharmacist:			
Medical Insurance:			
Homeowners/Rental Insurance:			
Veterinarian/Kennel (for pets):			

Other useful phone numbers: **9-1-1** for emergencies.    Police Non-Emergency Phone #: \_\_\_\_\_

Fire Non-Emergency Phone #: \_\_\_\_\_

Other Important Phone Numbers & Information:

---

---

---

---

---

---

---

---

---

---

Other Important Phone Numbers & Information:

---

---

---

---

---

---

---

---

---

---

Other Important Phone Numbers & Information:

---

---

---

---

---

---

---

---

---

---

# Family Communications Plan

Your family may not be together when disaster strikes, so plan how you will contact one another and review what you will do in different situations.

Out-of-State Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Fill out the following information for each family member and keep it up to date.**

Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____

Where to go in an emergency. 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.

**Home**  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Neighborhood Meeting Place: \_\_\_\_\_  
Regional Meeting Place: \_\_\_\_\_

**Work**  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

**School**  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

**Work**  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

**School**  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

**Other place you frequent:**  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

**School**  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

**Other place you frequent:**  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Evacuation Location: \_\_\_\_\_

Every family member should carry a copy of this important information:

## Family Communications Plan

Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Out-of-State Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Neighborhood Meeting Place: \_\_\_\_\_  
Meeting Place Telephone: \_\_\_\_\_

*Dial 9-1-1 for Emergencies!*



## Family Communications Plan

Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Out-of-State Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Neighborhood Meeting Place: \_\_\_\_\_  
Meeting Place Telephone: \_\_\_\_\_

*Dial 9-1-1 for Emergencies!*



## Family Communications Plan

Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Out-of-State Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Neighborhood Meeting Place: \_\_\_\_\_  
Meeting Place Telephone: \_\_\_\_\_

*Dial 9-1-1 for Emergencies!*

