



# “In an Emergency...”

Read the items below and, as a family, fill in the blanks. Keep a copy with each family member, and in your emergency kit.

## 1. Where will we meet?

Pick a place that is familiar and accessible to everyone in the family. Consider pets, service animals and family members with special needs.

**OUR EMERGENCY MEETING PLACE IS:** \_\_\_\_\_

## 2. Who will we contact?

Your family's Emergency Contact should be a relative or friend who lives out-of-town. Call them ahead of time and make sure they can help. **In an emergency text, don't call, them.** Texting leaves phone lines available for first responders.

**OUR FAMILY'S EMERGENCY CONTACT PERSON IS:** \_\_\_\_\_

**THE PHONE NUMBER WE CAN TEXT IS:** \_\_\_\_\_

## 3. Keep a copy of these plans with each family member:

- Practice gathering at your Emergency Meeting Place and texting your Emergency Contact person.
- Meet regularly to review and update the plan, if necessary.
- See the next page for Emergency Contact information cards to carry in your wallet or backpack.

**DON'T FORGET TO CREATE AN EMERGENCY SUPPLY KIT, AND KEEP IT UPDATED REGULARLY!**

My Name: \_\_\_\_\_



SNOHOMISH  
COUNTY  
HEALTH DEPARTMENT



# “In an Emergency...”

Fill out the card(s) below. Cut along the dotted line and fold along the yellow lines to fit in a wallet or backpack!

**EMERGENCY CONTACTS CARD (Adults)**

**NAME** \_\_\_\_\_

Date of birth \_\_\_\_\_

Home address \_\_\_\_\_  
\_\_\_\_\_

**Special needs, medical conditions, allergies:**  
\_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_

Supervisor \_\_\_\_\_

Work phone \_\_\_\_\_

### Emergency Contacts

Contact #1 Name \_\_\_\_\_

Relationship \_\_\_\_\_

Cell phone \_\_\_\_\_

Contact #2 Name \_\_\_\_\_

Relationship \_\_\_\_\_

Cell phone \_\_\_\_\_

Emergency pickup address \_\_\_\_\_  
\_\_\_\_\_

Doctor Name \_\_\_\_\_

Doctor Phone \_\_\_\_\_

**EMERGENCY CONTACTS CARD (Children)**

**NAME** \_\_\_\_\_

Date of birth \_\_\_\_\_

Home address \_\_\_\_\_  
\_\_\_\_\_

**Special needs, medical conditions, allergies:**  
\_\_\_\_\_  
\_\_\_\_\_

School \_\_\_\_\_

Teacher \_\_\_\_\_

School phone \_\_\_\_\_

### Emergency Contacts

Contact #1 Name \_\_\_\_\_

Relationship \_\_\_\_\_

Cell phone \_\_\_\_\_

Contact #2 Name \_\_\_\_\_

Relationship \_\_\_\_\_

Cell phone \_\_\_\_\_

Emergency pickup address \_\_\_\_\_  
\_\_\_\_\_

Pediatrician Name \_\_\_\_\_

Pediatrician Phone \_\_\_\_\_

**DIAL 9-1-1 FOR EMERGENCIES**



**SNOHOMISH COUNTY**  
HEALTH DEPARTMENT