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: ___________________________
**EMERGENCY CONTACTS CARD (Adults)**

<table>
<thead>
<tr>
<th>NAME</th>
<th>__________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth</td>
<td>__________________________</td>
</tr>
<tr>
<td>Home address</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

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)**

<table>
<thead>
<tr>
<th>NAME</th>
<th>__________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth</td>
<td>__________________________</td>
</tr>
<tr>
<td>Home address</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

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 | __________________________ |

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DIAL 9-1-1 FOR EMERGENCIES

ABC’s OF HEALTHY KIDS: www.snohd.org/healthykids • www.snohd.org/activities