

Veterinarian/Kennel (for pets):

## Homeland Security 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 ill different situations.						
Out-of-Town Contact Name:		Telephone Number:				
Email:		Telephone Number:	mation: :mation: :mation: :mation: :mation: :mation:			
Fill out the following informati	on for each family member	and keen it up to date				
Name:	on for each failing member					
Date of Birth:		Telephone Number:  and keep it up to date.  Social Security Number: Important Medical Information:  Social Security Number: Important Medical Information:  Vorial Security Number: Important Medical Information:  Work Address: Phone Number: Evacuation Location:				
			tion.			
Name:						
Date of Birth:		Important Medical Informa	tion:			
Name:		Social Security Number:				
Date of Birth:		Important Medical Informa	tion:			
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Name:						
Date of Birth:						
Name:						
Date of Birth:		Important Medical Informa	tion:			
Where to go in an emergency.	Write down where your fam	ily spends the most time: work,	school and other places you			
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Home Address:						
Phone Number: Neighborhood Meeting Place:						
Regional Meeting Place:		Evacuation Eccution.				
School						
Address:						
Phone Number:						
Evacuation Location:		Evacuation Location:				
School		Other place you frequent	:			
Address:		<del></del>				
Phone Number:						
Evacuation Location:		Evacuation Location:				
School		Other place you frequent				
Address:						
Phone Number:						
Evacuation Location:						
Important Information	Name	Telephone #	Policy #			
Doctor(s):						
Other:						
Pharmacist:						
Medical Insurance:						
Homeowners/Rental Incurance:						

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

<b>Every</b>	family	member	should	carry	a copy	of this	important	information:

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