

(write family name above)

Family Emergency Plan

This Plan belongs to:

(write family MEMBER name above)

From the Pleasant Grove 1st Ward

Key:

W/S = Work or School

Add = Address

www.PGWard.org for more info or to download a digital version.

Emergency Family Plan Kit Steps

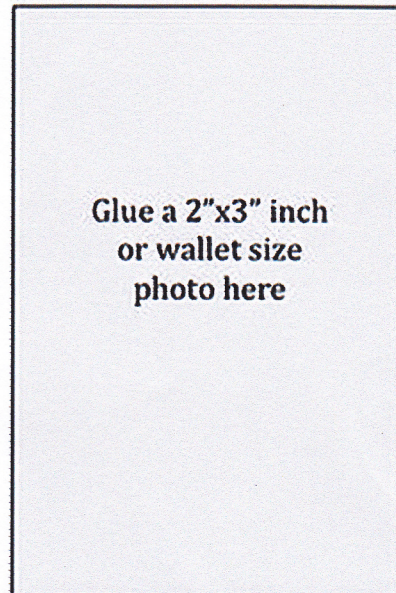
When you're done your whole family will have their very own booklets.

My 72-Hour Kit Location:

1. Fill in all each page with the information, which **only** applies to the **whole FAMILY** including **Block Captains**. Contact Clark & Linda Winegar Fidjiti@Fidjiti.com if you are not sure who your block captains are. Fill in anywhere it says Family or where the info would be the same for each family member including pets.
2. Discuss & fill in your **Family's Reunion Points & Security Words**
3. Get **Wallet Size Pictures** of all of the people you'll be including: your family, contacts or friends. (2"x3" picture or smaller will fit perfectly.) Glue them down!
4. Make 1 copy for each family member. (i.e. 5 people in your family = 5 Copies.)
5. Fill in the spaces which apply to each **individual person**. **Personal Info Page, Health & Medical Info, and Relation** spaces in each contact sheet. (i.e. Molly Mormon, DOB 1/1/80, Favorite food is tacos, she works at the mall on 123 State Street in Orem, allergic to nuts, Dr Niceguy...)
6. Cut each quadrant into 5.5" x 4.25", put in order, **Staple &** put in a **zip-lock** baggie for protection.
7. Put each persons **copy** in their **72 hour kits**. You can make extra copies for the car or kitchen if needed.

My Personal Info

(write MY name above)



Date of Birth: _____

Social Security Number: _____

Home Phone: _____

Cell/Other Phone: _____

My Eye Color: _____

My Hair Color: _____

My Height/Weight: _____

/

My Home Add: _____

My Email: _____

My W/S Add: _____

My W/S Phone: _____

My W/S Evacuation Spot: _____

My Health & Medical Info



My Dr Name: _____

My Dr. Phone Number: _____

My Pharmacist: _____

My Pharmacist Phone Number: _____

Family Insurance Company: _____

Family Insurance Phone Number: _____

Family Insurance Policy Number: _____

My Medical Conditions: _____

My Allergies: _____

Blood Type: _____