



## Family Disaster Plan

Family Last Name(s) or Household Address:

Date:

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Family Member/Household Contact Info (If needed, additional space is provided in #10 below):

Name

Home Phone

Cell Phone

Email:

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**Pet(s) Info:**

Name:

Type:

Color:

Registration #:

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**Plan of Action**

1. The disasters most likely to affect our household are:

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2. What are the escape routes from our home?

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3. If separated during an emergency, what is our meeting place near our home?

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