



## January: Communications Plan

**TASK 1:** Prepare Emergency Contact Cards for each household member to carry with them at all times.

### Emergency Contact Cards

An Emergency Contact Card should be made for all household members. The next page will provide you with the American Red Cross Emergency Contact Card. If you require more for your household, they can be viewed and printed by visiting the following link or see next page.

<http://www.redcross.org/www-files/Documents/pdf/Preparedness/ECCard.pdf>







- Print one card for each member of your household.
- Write the contact information for each household member, such as: work, school, and frequently visited places. Try to use water resistant ink.
- Write the meeting place outside your home and outside your neighborhood.
- Add any specific comments or information.
- Fold the card so it fits in your pocket, wallet or purse.
- Carry the card with you so it is available in the event of a disaster or other emergency.



# American Red Cross Emergency Contact Card

Get a kit. Make a plan. Be informed.

- Directions:
- \* Print out a card for every member of your household.
  - \* Fill in your emergency contact information.
  - \* Carry this card with you to reference in the event of a disaster or other emergency.

<p>Health Care Provider: _____</p> <p>Poison Control Center: 800-222-1222</p> <p>Ambulance: Call 9-1-1 or _____</p> <p>Fire Dept.: Call 9-1-1 or _____</p> <p>Police: Call 9-1-1 or _____</p> <p></p> <p><b>Important Phone Nos.</b></p>	<p>Health Care Provider: _____</p> <p>Poison Control Center: 800-222-1222</p> <p>Ambulance: Call 9-1-1 or _____</p> <p>Fire Dept.: Call 9-1-1 or _____</p> <p>Police: Call 9-1-1 or _____</p> <p></p> <p><b>Important Phone Nos.</b></p>
<p><b>Emergency Contact Card</b> </p> <p>Name: _____</p> <p>Phone: _____</p> <p>Home Address: _____</p>	<p><b>Emergency Contact Card</b> </p> <p>Name: _____</p> <p>Phone: _____</p> <p>Home Address: _____</p>
<p><b>People to Call or Text in an Emergency</b> </p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>People to Call or Text in an Emergency</b> </p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Out-of-Area Contact Person: _____</p> <p>Phone: _____</p> <p>Meeting Place Outside of Neighborhood: _____</p>	<p>Out-of-Area Contact Person: _____</p> <p>Phone: _____</p> <p>Meeting Place Outside of Neighborhood: _____</p>

Visit [RedCross.org](http://RedCross.org) for more valuable information about creating an emergency communications plan, putting together an emergency preparedness kit and for other important preparedness information.

**TASK 2:** Complete the following Communication Plan. You may not be together when disaster strikes, so plan how you will contact one another and review what you will do in different situations.

Communication Plan

Out-of-State Contact Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

In-State Contact Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

**I. Fill out the following information for each household member and keep it up-to-date. Include a picture of each household member.**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Important Medical Information: \_\_\_\_\_

**II. Important Information**

Doctor(s): \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Pharmacist: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Veterinarian/Kennel: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

**III. Where to Go In an Emergency**

**Home**

Address: \_\_\_\_\_

Tel. No. \_\_\_\_\_

Neighborhood Meeting Place: \_\_\_\_\_

Out-of-Neighborhood Meeting Place: \_\_\_\_\_

**School(s)**

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Evacuation  
Location: \_\_\_\_\_

**Work**

Name of Work: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

Name of Work: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

**IV. Important Emergency Telephone Numbers**

FIRE: 911 or \_\_\_\_\_

POLICE: 911 or \_\_\_\_\_

POISON CONTROL: \_\_\_\_\_

GAS COMPANY: \_\_\_\_\_

ELECTRIC COMPANY: \_\_\_\_\_

WATER: \_\_\_\_\_

TELEPHONE SERVICE: \_\_\_\_\_

**V. Find the following in your home and write down their location**

Fire Extinguisher(s): \_\_\_\_\_

\_\_\_\_\_

Water Heater: \_\_\_\_\_

Gas Shut-Off Valve: \_\_\_\_\_

Smoke Detector(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Main Water Valve: \_\_\_\_\_

**(Make a copy of this page and post near telephones.)**