

# Household Emergency Plan Template



Household Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

If you have questions about this document or preparedness please contact Greater Spokane Emergency Management at 509-477-2204.

# Why is this important?

Emergencies/Disasters happen quickly and oftentimes without warning. During these times, first responders will be overwhelmed, so you may need to rely on yourself and what you've prepared for a period of time.

Being ready beforehand is the most critical action you can take to protect what matters most; your family, your home, your pets, yourselves.

Does your family have a plan to stay safe and in contact with each other should an emergency/disaster occur?

**Stay ALERT Spokane!**

# YOUR Household Emergency Plan

Remember that everyone's situation is different, so take the time to discuss this plan with your family and fill it out together.

## IN AN EMERGENCY:

- **Stay Informed!**
  - Have you signed up for ALERT Spokane?
  - Do you have a NOAA weather radio?
  - Have you followed @GEGEmergencyMgt on Facebook and Twitter?
  - Utilize your local news and radio stations

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## Household Member Information

<b>Name</b>	<b>Date of Birth</b>	<b>Phone #</b>	<b>Work/School #</b>	<b>Work/School Address</b>
<b>Pet Species/Name</b>	<b>Age</b>	<b>Microchip/License #</b>	<b>Veterinarian</b>	<b>Vet Contact Info</b>

## Utilities/Insurance Info

<b>Provider Information</b>	<b>Emergency Contact #</b>	<b>Account Info</b>
<u>Water</u>		
<u>Sewer</u>		
<u>Electric</u>		
<u>Gas</u>		
<u>Phone</u>		
<u>Cable/Internet</u>		
<u>Home/Renters Insurance</u>		

## Emergency Contacts

Name	Relationship	Address	Phone #'s	Email
<u>In case of emergency</u>				
<u>In case of emergency</u>				
<u>Out of Area</u>				
<u>Out of Area</u>				

**Note:** Identify at least two (2) **Out of Area** contacts. Ensure everyone knows their contact info. Local telephone lines quickly get overloaded, but you may be able to reach a long-distance number or send a short text.

# Medical Information

	<u>Name/Age:</u>	<u>Name/Age:</u>	<u>Name/Age:</u>	<u>Name/Age:</u>	<u>Name/Age:</u>
Primary Care Doctor (Name)					
Contact #					
Pharmacy					
<b>Medication:</b> <u>Include:</u> Dosage, Frequency, Reason for Taking					
<b>Medication:</b> <u>Include:</u> Dosage, Frequency, Reason for Taking					
<b>Medication:</b> <u>Include:</u> Dosage, Frequency, Reason for Taking					
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**Note:** It is good practice to keep at least seven (7) days of vital medications and medical supplies on hand. Consult a doctor and/or pharmacist about medication storage.

## **Emergency Procedures:**

Household members should discuss and document the emergency procedures for places where they regularly spend time.

Also, discuss how to reunite if something happens while away from the home. Discuss and document where you and your family should meet up and who they should contact when you cannot return home.

Emergency procedures (evacuation and reunification) need to address:

- When household members are away from home
- How to deal with pets
- Household member(s) with Access and Functional Needs

**School Procedures:**

**Workplace Procedures:**

**If we cannot enter the house:**

**If we cannot return home:**

**If we are not together:**



## Home Layout/Diagram



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