



HENDERSOON™



Family Communication Plan

Fill in this important information. Keep a copy in a safe place and in your emergency supply kit. Make sure to update it each year.

Family Information

Name: _____ Cell Phone: _____

Date of birth: _____ Social Security Number: _____

Workplace/School: _____

Address: _____ Phone: _____

Important medical information: _____

Doctor: _____ Phone: _____

Facebook/Twitter: _____

Name: _____ Cell Phone: _____

Date of birth: _____ Social Security Number: _____

Workplace/School: _____

Address: _____ Phone: _____

Important medical information: _____

Doctor: _____ Phone: _____

Facebook/Twitter: _____

Name: _____ Cell Phone: _____

Date of birth: _____ Social Security Number: _____

Workplace/School: _____

Address: _____ Phone: _____

Important medical information: _____

Doctor: _____ Phone: _____

Facebook/Twitter: _____

Name: _____ Cell Phone: _____

Date of birth: _____ Social Security Number: _____

Workplace/School: _____

Address: _____ Phone: _____

Important medical information: _____

Doctor: _____ Phone: _____

Facebook/Twitter: _____

Out-of-Town Contact

Name: _____

Phone: _____

Cell: _____

Email: _____

Facebook/Twitter: _____

2

Insurance Information

Medical Insurance: _____

Phone: _____ Policy Number: _____

Homeowners/Renters Insurance: _____

Phone: _____ Policy Number: _____

3

Pet Information

Veterinarian /Kennel: _____ Phone: _____

4

Evacuation Information

Neighborhood Meeting Place _____

Draw a map to show the location in your neighborhood where you will meet your family if you have to evacuate your house.

Evacuation Information

Regional Meeting Place _____

Draw a map to show the location where you will meet your family if your neighborhood is being evacuated.

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