



FAMILY EMERGENCY EVACUATION PLAN



1 HOUSEHOLD INFORMATION



Home Address: _____

Main Meeting Place: _____

Backup Meeting Place: _____

2 EMERGENCY CONTACTS



Name	Relationship	Phone

3 EVACUATION ROUTES



Primary Route: _____

Alternate Route: _____

Safe Destination: _____

Out-of-Area Contact: _____

Phone: _____

4 IMPORTANT ITEMS TO GRAB



- ☐ Medications _____
- ☐ IDs (Driver's License, Passport) _____
- ☐ Phone Charger _____
- ☐ Cash _____
- ☐ Pet Supplies _____
- ☐ Important Documents _____
- ☐ _____
- ☐ _____

5 VEHICLE & TRANSPORTATION PLAN



Vehicle: _____

Keys Location: _____

Fuel Check: _____

Alternative Transportation: _____

6 FAMILY MEMBER RESPONSIBILITIES



Name	Responsibility

7 PETS



Pet Name	Carrier/ Leash	Food/ Medication	Notes

8 EMERGENCY BAG CHECKLIST



- ☐ Water (1 gallon per person per day)
- ☐ Non-Perishable Snacks
- ☐ Flashlight
- ☐ Batteries
- ☐ First Aid Kit
- ☐ Clothes (change for each person)
- ☐ Hygiene Items
- ☐ Copies of Important Documents
- ☐ _____
- ☐ _____
- ☐ _____

9 FINAL BEFORE LEAVING CHECKLIST



- ☐ Turn off utilities if needed
- ☐ Lock doors and windows
- ☐ Take phones and chargers
- ☐ Contact family or out-of-area contact
- ☐ Bring emergency bag
- ☐ Check pets

10 NOTES





IN AN EMERGENCY:
CALL **911**



STAY CALM.
STAY SAFE.
BE PREPARED.



PREPARE TODAY.
PROTECT TOMORROW.
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