



Write your family's name above

FAMILY EMERGENCY COMMUNICATION PLAN

HOUSEHOLD INFORMATION

Home #: []
Address: []
Email: []
Name: [] Mobile # []

Important Medical Information:
[]
Name: [] Mobile # []

Important Medical Information:
[]
Name: [] Mobile # []

Important Medical Information:
[]
Name: [] Mobile # []

Important Medical Information:
[]

SCHOOL, CHILDCARE, CAREGIVER, AND WORKPLACE

[]

IN CASE OF EMERGENCY CONTACT

Name: [] Mobile # []
Address: []

BUDDY SYSTEM™

Name: [] Mobile # []
Address: []

Name: [] Mobile # []
Address: []

Name: [] Mobile # []
Address: []

Name: [] Mobile # []
Address: []

IMPORTANT NUMBERS

Police: []
Fire: []
Poison Control: []
Doctor: []
Insurance: []
Hospital: []
Pharmacy: []
Veterinarian: []
Homeowners: []
Flood Insurance: []
Other: []
EBRP Emergency Management: 225-389-2100

Phone: []
Policy: []
Phone: []
Policy: []
Policy: []

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