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(write family name above)

# Family Emergency Plan

This Plan belongs to:

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(write family MEMBER name above)  
From the **Pleasant Grove 1<sup>st</sup> Ward**

*Key:*  
*W/S = Work or School*  
*Add = Address*  
www.PGWard.org for more info or to download a digital version.

## Emergency Family Plan Kit Steps

When you're done your whole family will have their very own booklets.

### My 72-Hour Kit Location:

1. Fill in all each page with the information, which **only** applies to the **whole FAMILY** including **Block Captains**. Contact Clark & Linda Winegar Fdijiti@Fidjiti.com if you are not sure who your block captains are. Fill in anywhere it says Family or where the info would be the same for each family member including pets.
2. Discuss & fill in your **Family's Reunion Points & Security Words**
3. Get **Wallet Size Pictures** of all of the people you'll be including; your family, contacts or friends. (2"x3" picture or smaller will fit perfectly.) Glue them down!
4. Make 1 copy for each family member. (i.e. 5 people in your family = 5 Copies.)
5. Fill in the spaces which apply to each **individual** person. **Personal Info** Page, **Health & Medical Info**, and **Relation** spaces in each contact sheet. (i.e. Molly Mormon, DOB 1/1/80, Favorite food is tacos, she works at the mall on 123 State Street in Orem, allergic to nuts, Dr Niceguy...)
6. **Cut** each quadrant into 5.5" x 4.25", put in order, **Staple** & put in a **zip-lock** baggie for protection.
7. Put each persons **copy** in their **72 hour kits**. You can make extra copies for the car or kitchen if needed.

## My Personal Info

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(write **MY** name above)



Date of Birth: \_\_\_\_\_

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

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

Cell/Other Phone: \_\_\_\_\_

My Eye Color: \_\_\_\_\_

My Hair Color: \_\_\_\_\_

My Height/Weight: \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

My Home Add: \_\_\_\_\_

My Email: \_\_\_\_\_

My W/S Add: \_\_\_\_\_

My W/S Phone: \_\_\_\_\_

My W/S Evacuation Spot: \_\_\_\_\_

## My Health & Medical Info



My Dr Name: \_\_\_\_\_

My Dr. Phone Number: \_\_\_\_\_

My Pharmacist: \_\_\_\_\_

My Pharmacist Phone Number: \_\_\_\_\_

Family Insurance Company: \_\_\_\_\_

Family Insurance Phone Number: \_\_\_\_\_

Family Insurance Policy Number: \_\_\_\_\_

My Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

My Allergies: \_\_\_\_\_

\_\_\_\_\_

Blood Type: \_\_\_\_\_