

Family Communications Plan		Evacuation Plan	
CONTACT NAME	_____	NEIGHBORHOOD MEETING PLACE	_____
PHONE #	_____	DIRECTIONS OR ADDRESS	_____
CONTACT NAME	_____	PHONE #	_____
PHONE #	_____	OUT-OF-TOWN MEETING PLACE	_____
OUT-OF-STATE CONTACT NAME	_____	ADDRESS	_____
PHONE #	_____	PHONE #	_____

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OUT-OF-STATE CONTACT NAME	_____	ADDRESS	_____
PHONE #	_____	PHONE #	_____

Emergency Contacts Card		Important Phone Numbers	
NAME	-----	POLICE CALL 911 or	-----
PHONE #	-----	FIRE DEPT. CALL 911 or	-----
ADDRESS	-----	AMBULANCE CALL 911 or	-----
MEETING PLACE	-----	POISION CONTROL CENTER	-----
MEETING PLACE ADDRESS	-----	HEALTH CARE PROVIDER	-----
MEETING PLACE PHONE #	-----	DOCTOR NAME PHONE #	-----

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