Family Emergency Plan

If we get separated…

- ☐ Call emergency contact(s).
- ☐ Go to designated meeting place based on location.

If we must evacuate …

Pack the following:

- ☐ Medications & medical supplies
- ☐ Mobility & assistive equipment (hearing aids, glasses, etc.)
- ☐ Phones/chargers/power banks
- ☐ IDs/wallets/keys
- ☐ Emergency bag
- ☐ Service animal supplies

If we must shelter-in-place …

Keep nearby:

- ☐ Water & food
- ☐ Flashlight & radio
- ☐ First-aid kit
- ☐ Medications & medical supplies
- ☐ Assistive device batteries
- ☐ Service animal supplies

Family Information

Family name: _____

Home address: _____

Near home meeting place: _____

Non-home meeting place: _____

Phone: _____ Alt Phone: _____

Email: _____

Emergency Contacts

Primary Name: _____ Phone: _____

Secondary Name: _____ Phone: _____

Accessibility & Support Needs

Person(s) needing assistance: _____

Mobility/access needs: _____

Hearing/communication needs: _____

Vision/accessibility needs: _____

Medical equipment needs: _____

Service animal needs: _____

Assistive equipment location: _____

Backup caregiver/support person: _____

Clermont County Public Health
Prevent. Promote. Protect.

Home Emergency Info

Gas shut-off location: _____

Water shut-off location: _____

Electrical panel location: _____

Emergency bag location: _____

First-aid kit location: _____

Shelter-in-place room: _____

Evacuation Plans

Destination: _____

Primary accessible route: _____

Backup route: _____

Other Emergency Notes

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