



Los Gatos/Monte Sereno Police Department Family Emergency Communication Plan



Prepare. Plan. Stay Informed.



Make sure your family has a plan in case of an emergency. Before an emergency happens, sit down together and decide how you will get in contact with each other, where you will go and what you will do in an emergency. Keep a copy of this plan in your emergency supply kit or another safe place where you can access it in the event of a disaster.

Out-of-Town Contact Name: _____ Telephone Number: _____
 Email: _____
 Neighborhood Meeting Place: _____ Telephone Number: _____
 Regional Meeting Place: _____ Telephone Number: _____
 Evacuation Location: _____ Telephone Number: _____

Fill out the following information for each family member and keep it up to date.

Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
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Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare providers, workplaces and apartment buildings should all have site-specific emergency plans that you and your family need to know about.

Work Location One

Address: _____
 Phone Number: _____
 Evacuation Location: _____

Work Location Two

Address: _____
 Phone Number: _____
 Evacuation Location: _____

Work Location Three

Address: _____
 Phone Number: _____
 Evacuation Location: _____

Other place you frequent

Address: _____
 Phone Number: _____
 Evacuation Location: _____

School Location One

Address: _____
 Phone Number: _____
 Evacuation Location: _____

School Location Two

Address: _____
 Phone Number: _____
 Evacuation Location: _____

School location Three

Address: _____
 Phone Number: _____
 Evacuation Location: _____

Other place you frequent

Address: _____
 Phone Number: _____
 Evacuation Location: _____

Important Information	Name	Telephone Number	Policy Number
Doctors:			
Other:			
Pharmacist:			
Medical Insurance:			
Homeowners/Rental Insurance:			
Veterinarian/Kennel (for pets):			




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Make sure your family has a plan in case of an emergency. Fill out these cards and give one to each member of your family to make sure they know who to call and where to meet in case of an emergency.

ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:


Family Emergency Plan 

EMERGENCY CONTACT NAME:
TELEPHONE: _____

OUT-OF-TOWN CONTACT NAME:
TELEPHONE: _____


NEIGHBORHOOD MEETING PLACE:
TELEPHONE: _____

OTHER IMPORTANT INFORMATION: _____

DIAL 911 FOR EMERGENCIES 

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DIAL 911 FOR EMERGENCIES 