

FAMILY COMMUNICATIONS PLAN

A complete household emergency preparedness document

Cascadia Ready Radio

"Be ready at home. Be ready to help."

HOUSEHOLD NAME

HOW TO USE THIS PLAN

1. Fill in every section completely. The more detail, the more useful this plan will be.
2. Review the plan with every member of your household — including children.
3. Print and store a copy in your go-bag, vehicle, and a safe location at home.
4. Give a copy to your out-of-area contact.
5. Review and update this plan at least once per year, or when anything changes.
6. Keep the laminate quick-reference card (from Cascadia Ready Radio) with this document.

Date Completed / Last Updated

Tip: Update this date each time you review the plan.

SECTION 1 — HOUSEHOLD INFORMATION

Home Address (Street, City, State, Zip)	
Home Phone	Neighborhood / Cross Street
Internet Provider	Utility Account # (for emergency reference)

SECTION 2 — OUT-OF-AREA CONTACT This person lives OUTSIDE your area — everyone checks in with them first

Choose someone reliable who lives in a different region. Make sure they know their role. Everyone in your household must know this number.

Full Name	Primary Phone (cell preferred)	Relationship
Email Address	Alternate Phone	City / State They Live In

SECTION 3 — MEETING PLACES Know these before you need them — walk your family to each location

1 Meeting Place 1: NEAR HOME
A specific spot within walking distance — neighbor's house, street corner, end of block

Location Name / Description	Full Address or Cross Streets
Notes (parking, access, who to contact there)	Approx. Travel Time from Home

2 Meeting Place 2: AWAY FROM NEIGHBORHOOD
A location you can reach if your street is inaccessible — specific address or landmark

Location Name / Description	Full Address or Cross Streets
Notes (parking, access, who to contact there)	Approx. Travel Time from Home

SECTION 4 — FAMILY MEMBERS & HOUSEHOLD CONTACTS

Include everyone in the household — children, adults, and regular caregivers

For children: include their school, teacher name, and who is authorized to pick them up in an emergency.

Person 1

Full Name	Date of Birth	Cell Phone
School / Workplace / Usual Daytime Location	Alternate Contact / Authorized Pickup	
Special needs, allergies, or medical notes for this person		

Person 2

Full Name	Date of Birth	Cell Phone
School / Workplace / Usual Daytime Location	Alternate Contact / Authorized Pickup	
Special needs, allergies, or medical notes for this person		

Person 3

Full Name	Date of Birth	Cell Phone
School / Workplace / Usual Daytime Location	Alternate Contact / Authorized Pickup	
Special needs, allergies, or medical notes for this person		

Person 4

Full Name	Date of Birth	Cell Phone
School / Workplace / Usual Daytime Location	Alternate Contact / Authorized Pickup	
Special needs, allergies, or medical notes for this person		

Person 5

Full Name	Date of Birth	Cell Phone
School / Workplace / Usual Daytime Location	Alternate Contact / Authorized Pickup	
Special needs, allergies, or medical notes for this person		

SECTION 5 — MEDICAL INFORMATION

Critical information for first responders and emergency shelter staff

List all household members with significant medical needs. Attach a separate sheet if needed.

Primary Care Doctor / Clinic	Doctor Phone
Health Insurance Provider	Policy / Member ID Number
Nearest Hospital / Emergency Room	Hospital Address / Phone

MEDICATIONS & MEDICAL EQUIPMENT (list all regular prescriptions and equipment)

Person	Medication / Equipment	Dose / Notes	Frequency	Pharmacy / Supplier

SECTION 6 — PET INFORMATION

Many shelters do not accept pets — plan ahead

Identify pet-friendly shelters and boarding in advance. Keep vaccination records with this plan.

Pet Name	Species / Breed	Vet Name & Phone	Medications / Special Needs
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Pet-Friendly Shelter or Boarding Facility (name, address, phone)

SECTION 7 — SCHOOL & WORKPLACE EMERGENCY PLANS

Find out the plans before an emergency — call the school or HR now to find out

Each school and major employer has an emergency reunification plan. Record the key details here.

School 1

School / Employer Name		Address & Main Phone	
Emergency Reunification Location	Emergency Contact at School / HR & Phone		
Authorized Pickup Person(s) & their ID / relationship			

School 2

School / Employer Name		Address & Main Phone	
Emergency Reunification Location	Emergency Contact at School / HR & Phone		
Authorized Pickup Person(s) & their ID / relationship			

Workplace 3

School / Employer Name		Address & Main Phone	
Emergency Reunification Location	Emergency Contact at School / HR & Phone		
Authorized Pickup Person(s) & their ID / relationship			

YOU'RE NOT DONE YET — WHAT COMES NEXT

This plan works best as part of a complete preparedness system

YOUR NEXT STEPS

- 1 **Share this plan.** Sit down with every member of your household and walk through it together. Make sure everyone — including children — knows the out-of-area contact number and both meeting places.
- 2 **Get a NOAA weather radio.** This works when cell service and internet are down. Battery or hand-crank. It may be the most important single item you own in a disaster.
- 3 **Build your Home Evacuation Plan.** This document covers communications. Your Home Evacuation Plan covers how to get out safely — exit routes, who grabs what, and how to account for everyone at the property. Download it at cascadiareadyradio.com
- 4 **Build your go-bags.** One per person. Grab-and-go in under 2 minutes. Your Home Evacuation Plan includes a complete go-bag checklist.
- 5 **Review this plan once a year.** Set a reminder. Update it whenever something changes — new job, new school, new address, new family member.

Listen to Cascadia Ready Radio for step-by-step guidance on each of these topics.

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PLAN REVIEW LOG

Update this log every time you review or change the plan

Tip: Review your plan whenever clocks change for daylight saving time — twice a year is even better.

Date Reviewed	Reviewed By	Changes Made	Next Review Due