Family Communication Plan

Fill out this template and share copies with all household members. Keep one in your go-bag, post one at home, and give one to your out-of-town contact. Review and update this plan at least once a year, or anytime your contact information changes.

Primary Emergency Contacts

☐ Parent/Guardian Name: _____ Phone: _____

☐ Parent/Guardian Name: _____ Phone: _____

☐ Family Member 1 (non-household): _____ Phone: _____

☐ Family Member 2 (non-household): _____ Phone: _____

☐ Neighbor 1: _____ Phone: _____

☐ Neighbor 2: _____ Phone: _____

☐ Out-of-Town Contact: _____ Phone: _____

Household Members

☐ Name: _____ Phone: _____

☐ Name: _____ Phone: _____

☐ Name: _____ Phone: _____

☐ Name: _____ Phone: _____

Family Communication Chain

In an emergency, follow this chain of communication. Each person should contact the next person on the list if possible. If you cannot reach your assigned contact, try the next available household member or the out-of-town contact.

1. _____ calls _____

2. _____ calls _____

3. _____ calls _____

4. _____ calls _____

5. _____ calls _____

Out-of-Town Contact serves as backup if local calls cannot go through.

Alternative Communication Methods

☐ HAM Radio Call Sign(s)

1. Name: _____ Call Sign: _____
2. Name: _____ Call Sign: _____
3. Name: _____ Call Sign: _____
4. Name: _____ Call Sign: _____
5. Name: _____ Call Sign: _____

☐ HAM Radio Frequency (Primary): _____

☐ HAM Radio Frequency (Backup): _____

☐ Zello Group Name: _____

Designated Meeting Places

☐ Just outside your home: _____

☐ Outside your neighborhood: _____

☐ Outside your city: _____

☐ A few hours away: _____

Other Important Numbers

☐ School Name: _____ Phone: _____

☐ School Name: _____ Phone: _____

☐ Workplace Name: _____ Phone: _____

☐ Workplace Name: _____ Phone: _____

☐ Doctor Name: _____ Phone: _____

☐ Doctor Name: _____ Phone: _____

☐ Pediatrician Name: _____ Phone: _____

☐ Pharmacy: _____ Phone: _____

☐ Insurance (Home): _____ Phone: _____

☐ Insurance (Auto): _____ Phone: _____

☐ Insurance (Health): _____ Phone: _____