

Emergency Communications Plan

Disasters and emergencies are inevitable, but taking just one step toward preparedness can make all the difference.
This is a fillable PDF that you can print and put in your Disaster Supply Kit, and/or download to your device



Updated: 10/21/2025

My Information

My name:

First

Last

Date of Birth

Street Address

Address Line 2

City

ZIP Code

My phone number

My email address

My Emergency Contact

Emergency contact name

First

Last

Emergency contact phone number

Emergency contact email address

Family Members

Family Member 1:

Name

Phone

Email

Other Contact

Other
info

Family Member 2:

Name

Phone

Email

Other Contact

Other
info

Emergency Plans | Caretakers

Enter information for schools, childcare, caregivers and workplaces

Name:	Address:	Emergency Hotline:
Website:	Emergency Plan/ Pick-up:	

Enter information for schools, childcare, caregivers and workplaces

Name:	Address:	Emergency Hotline:
Website:	Emergency Plan/ Pick-up:	

Emergency Meeting Places

Location:

Instructions:

Medical Information

Poison Control:	1-800-222-1222	Pediatrician Name:
Doctor's Name:		Pediatrician #:
Doctor's #:		Allergy information and prescriptions:
Blood Type:		Medical Insurance Name:
		Medical Insurance Policy #:
Additional Information:		

My Household

Will anyone be traveling with you?

You may or may not live with other people, like family members, roommates, or a caretaker. If you do live with other people, will they be traveling with you during an emergency?

Yes

No

My Pets

Do you have a pet?

Do you have a pet, service animal, and/or emotional support animal that will travel with you during an emergency?

Yes

No

Pet Name:

Veterinarian Name:

Pet Medications:

Veterinarian #:

Pet Vaccinations:

Pet Breed:

Microchipped? Yes No

Additional Information:

My Health or Functional Needs

My doctor's name:

My doctor's phone number:

My health conditions

List any disabilities or known health conditions you may be experiencing.

My medications

List your medications, including dosage and frequency, also including those only taken as-needed. Please list each medication on a separate line.

My allergies

List the things you're allergic to.

My Durable Medical Equipment or Assistive Technology (AT) devices

List any Durable Medical Equipment (DME) or Assistive Technology (AT) you use. If possible, please include the serial number of the device.

My support services

For example, some people have attendant services for nursing, daily living, or mental health.

Communication & Religion

What is the best way to communicate with you?

For example, some people communicate via American Sign Language (ASL), some people use an assistive device, some people prefer to not make eye contact, etc.

Preferred language

For example, some people prefer to speak English or Spanish, use ASL, etc.

Religious considerations

If you would like to have your religion taken into account during an emergency, please provide information about your religious preferences.

My local radio station

My Local Disaster or Emergency Contacts

These could include contacts from your county and/or your city.

Office of Emergency Management phone number

Fire Department phone number

Sheriff or Police Department phone number

Public transportation or paratransit phone number

My Utility Providers

Electric company name

Electric company phone number

Are you a critical care customer with your electric company?

Yes No I'm not sure

Gas company name

Gas company phone number

Are you a critical care customer with your gas company?

Yes No I don't know

Water company name

Water company phone number

Healthcare, Durable Medical Equipment & Assistive Technology Providers

Healthcare agency name

Healthcare agency phone number

Emergency healthcare plan

How do you plan to access healthcare if there is an emergency?

Durable Medical Equipment provider name

What is the name of the company or agency that provides your Durable Medical Equipment (DME)?

Durable Medical Equipment provider phone number

Emergency Durable Medical Equipment plan

How do you plan to access DME if there is an emergency?

Assistive Technology provider name

What is the name of the company or agency that provides your Assistive Technology (AT)?

Assistive Technology provider phone number

Emergency Assistive Technology plan

How do you plan to access Assistive Technology if there is an emergency?

My Transportation

Emergency transportation plan

If you need to leave your home during an emergency, do you have your own transportation?

Yes, I have my own transportation

No, I don't have my own transportation