

Family communications plan



VOAD

VOLUNTARY ORGANIZATIONS
ACTIVE IN DISASTER
SANTA BARBARA COUNTY

My Information

My Name: _____
My Address: _____
My Telephone Number: (_____) _____

My Family

Family work and cell numbers:

Name: _____ Work Number:(_____) _____

Cell Number: (_____) _____

Name: _____ Work Number:(_____) _____

Cell Number: (_____) _____

Who to Call in Case of Emergency

Emergency Number: 9-1-1 or (_____) _____

Name and number of neighbor or relative: _____

(_____) _____

Name and number of out-of-town contact: _____

(_____) _____

More emergency numbers

Poison control: (_____) _____

Hospital emergency room: (_____) _____

Doctor: (_____) _____

Dentist: (_____) _____

Pharmacy: (_____) _____

Other important numbers: (_____) _____

1. What will your spouse do if you are the only one with this list?

2. What would your child do if you are the only one with this list?
