



Printable Family Emergency Preparedness Plan

Prepared by: _____

Last Updated: _____

Emergency Contacts and Phone Numbers

Family Member Names and Numbers: _____

Neighbor/Close Friend: _____

Doctor: _____

Utility Company: _____

Local Emergency Services: _____

Communication Plan

Meeting Place (Indoors): _____

Meeting Place (Outdoors): _____

Preferred Contact Method: Phone/Email/Text

Contact Tree: (Who contacts whom?) _____

Essential Supplies Checklist

- Food and Water
- Blankets and Warm Clothing
- Flashlights and Batteries
- First Aid Kit
- Backup Power Source
- Medications
- Snow Removal Tools (e.g., shovel)
- Other Essentials: _____

Power Outage Plan

- Alternate Heating: _____

- Battery Operated Lights: _____
- Emergency Generator Plan: _____
- Refrigerated Items Backup: _____

Vehicle Preparedness

- Winter Tires Installed: Yes/No
- Emergency Kit in Car: Yes/No
- Full Gas Tank: Yes/No
- Additional Notes: _____

First Aid Plan

- Nearby First Aid Kit Location: _____
- Family Member with First Aid Training: _____
- Emergency Procedures for Winter-Related Injuries: _____

Custom Notes