PREPARE · BEFORE AN EMERGENCY

Family Emergency Plan

Fill this out with your household and keep a copy somewhere everyone can find it — on the fridge, in your emergency kit, and saved on your phone.

Household Contacts

Name / Phone _____

Name / Phone _____

Name / Phone _____

Name / Phone _____

Out-of-Area Contact

Choose one person outside Lincoln County everyone can call or text if local lines are down.

Name _____

Phone _____

Email _____

Meeting Places

Right outside your home _____

Outside your neighborhood _____

Outside Lincoln County _____

Evacuation Plan

Primary evacuation route _____

Backup evacuation route _____

Where we'll stay _____

Important Information

Doctor / Clinic _____

Pharmacy _____

Insurance policy # _____

Utility shut-off locations _____

Special Needs

Note any medical equipment, medications, mobility needs, or pets that require special planning for your household.

_____

_____

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