



# TIPS FOR FAMILIES



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## DEAR PARENTS:

Congratulations! You have just received the first edition of the Family Emergency Playbook.

We have produced this playbook as a tool to assist families preparing for a disaster, during a disaster and following a disaster. The playbook is meant to be used as a quick reference resource and guide. Its simple format and easy-to-use cards are weather resistant and small. The content in the playbook contains personal and general information regarding disaster preparedness and reunification plans. These plans should be updated as needed.

Disasters are occurring more frequently. This simplified tool is a layer of protection for individuals who may need tangible information during a specific incident. Tips can be utilized by all family members and help give you, as parents, peace of mind.

Completion of the Family Emergency Playbook is one step in gaining some level of control and a practical step in preparing your family for any type of emergency situation.

## EMERGENCY INFORMATION

Police and Dispatch **911**  
 Medical Emergency **911**  
 Poison Control Center **1-800-222-1222**  
 National Center for Missing & Exploited Children® **1-800-843-5678**

EMERGENCY PHONE #1: \_\_\_\_\_

EMERGENCY PHONE #2: \_\_\_\_\_

MY FAMILY'S NAME, ADDRESS AND PHONE NUMBERS:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## SCHOOL INFORMATION

Child Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher/Homeroom Teacher: \_\_\_\_\_

Classroom: \_\_\_\_\_

Class Schedule: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## SCHOOL INFORMATION

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_  
\_\_\_\_\_

School Phone Number: \_\_\_\_\_

School Website: \_\_\_\_\_

Local News Sources: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_

Name: \_\_\_\_\_

Birthday: \_\_\_\_\_

Age: \_\_\_\_\_

Eye color: \_\_\_\_\_ Cell: \_\_\_\_\_

Hair color: \_\_\_\_\_ Email: \_\_\_\_\_

Height: \_\_\_\_\_ Work: \_\_\_\_\_

Weight: \_\_\_\_\_ Work phone: \_\_\_\_\_

Family doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

City, State: \_\_\_\_\_

Special needs/diagnosis: \_\_\_\_\_

Accommodations needed: \_\_\_\_\_

Glasses: \_\_\_\_\_

Hearing aids: \_\_\_\_\_

Allergies: \_\_\_\_\_

My medications (dosage): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_

Name: \_\_\_\_\_

Birthday: \_\_\_\_\_

Age: \_\_\_\_\_

Eye color: \_\_\_\_\_ Cell: \_\_\_\_\_

Hair color: \_\_\_\_\_ Email: \_\_\_\_\_

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Hospital: \_\_\_\_\_

City, State: \_\_\_\_\_

Special needs/diagnosis: \_\_\_\_\_

Accommodations needed: \_\_\_\_\_

Glasses: \_\_\_\_\_

Hearing aids: \_\_\_\_\_

Allergies: \_\_\_\_\_

My medications (dosage): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insert Photo  
of Individual  
Family Member

Complete corresponding family member details on reverse side.

Insert Photo  
of Individual  
Family Member

Complete corresponding family member details on reverse side.

NAME:

Name: \_\_\_\_\_

Birthday: \_\_\_\_\_

Age: \_\_\_\_\_

Eye color: \_\_\_\_\_ Cell: \_\_\_\_\_

Hair color: \_\_\_\_\_ Email: \_\_\_\_\_

Height: \_\_\_\_\_ Work: \_\_\_\_\_

Weight: \_\_\_\_\_ Work phone: \_\_\_\_\_

Family doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

City, State: \_\_\_\_\_

Special needs/diagnosis: \_\_\_\_\_

Accommodations needed: \_\_\_\_\_

Glasses: \_\_\_\_\_

Hearing aids: \_\_\_\_\_

Allergies: \_\_\_\_\_

My medications (dosage): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Insert Photo  
of Individual  
Family Member

Complete corresponding family member details on reverse side.

NAME:

Name: \_\_\_\_\_

Birthday: \_\_\_\_\_

Age: \_\_\_\_\_

Eye color: \_\_\_\_\_ Cell: \_\_\_\_\_

Hair color: \_\_\_\_\_ Email: \_\_\_\_\_

Height: \_\_\_\_\_ Work: \_\_\_\_\_

Weight: \_\_\_\_\_ Work phone: \_\_\_\_\_

Family doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

City, State: \_\_\_\_\_

Special needs/diagnosis: \_\_\_\_\_

Accommodations needed: \_\_\_\_\_

Glasses: \_\_\_\_\_

Hearing aids: \_\_\_\_\_

Allergies: \_\_\_\_\_

My medications (dosage): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## MEDICAL EMERGENCY TIPS

Both the American Red Cross and American College of Emergency Physicians recommend the "AID" rule of thumb:

### ASK FOR HELP

### INTERVENE

### DO NO FURTHER HARM

1. Make sure the scene is safe. Survey the scene, secure the scene and move victims only if they are in an unsafe place such as near oncoming traffic or fires. Only move victims if it is absolutely necessary.
2. Call 911.
3. If possible, assign someone to direct emergency responders to your location.
4. Check the person's airway, breathing and circulation. Start chest compressions immediately if the victim is not breathing. Don't stop until either the patient begins breathing or emergency personnel arrive.



Source: American Red Cross

## NOTES

## DISASTER REUNIFICATION PLAN

### WHEN TO LEAVE WHEN TO EVACUATE

- Upon hearing or seeing an alarm
- When an evacuation is ordered by local authorities
- If you smell or see smoke or fire
- If you smell a gas leak or fuel
- Any other potential emergency that can pose a danger

#### EMERGENCIES CAN INCLUDE:

##### FIRE

- Activate nearest fire alarm
- Evacuate immediately and stay clear of the area
- Call 911

##### EXPLOSION

- Evacuate and find a safe area
- Be aware of the potential for falling debris
- If trapped, make noise to alert rescuers (tap on walls or pipes, or yell)
- Call 911

##### HAZARDOUS MATERIAL

- If indoors, evacuate immediately; if outdoors, go inside and shelter in place
- Call 911

### HOW TO LEAVE HOW TO EVACUATE

- Take Emergency Supply Kit\*
- Leave using the nearest exit
- Do NOT reenter building
- Stay clear of dangerous areas
- Follow local evacuation instructions

\*See *Emergency Supply Kit* section when evacuating.

## DISASTER REUNIFICATION PLAN

### WHEN TO STAY SHELTER IN PLACE

- During an external threat (police action in your area, weather or environmental)
- When instructed to shelter in place by local authorities

#### EMERGENCIES CAN INCLUDE:

##### TORNADO

- Seek shelter immediately
- Go to an interior room away from windows and glass
- Cover head
- Call 911

##### MEDICAL EMERGENCY

- Do NOT move the person unless they are in danger
- Call 911
- If possible, send someone to meet emergency responders to direct to your location

##### ACTIVE SHOOTER

- Shelter in place or evacuate if it is safe to do so
- Turn off lights and silence phones
- Block entry and lock door

### HOW TO STAY SHELTER IN PLACE

- Find a safe place to shelter; if outdoors, find a safe place and shelter there
- Stay calm and informed
- Remain sheltered until otherwise instructed

## DISASTER REUNIFICATION PLAN

### WHEN IS IT SAFE TO REUNITE WITH YOUR FAMILY?

- You are safe and uninjured
- Once you are no longer in danger
- After you have been given the all-clear by the proper authority

### HOW TO REUNITE WITH YOUR FAMILY FOLLOWING A DISASTER:

- Utilize your Family Emergency Playbook that has important information, such as phone numbers, emergency contacts and designated meeting places.
- Become familiar with your child's school/child care facility's emergency plans.
- During the process of reunifying with your loved ones, stay informed of emergency warnings and updates.
- Use social media platforms to find out if loved ones are safe. These communication channels allow you to share information quickly and efficiently to find out if loved ones are safe and okay.

## DISASTER REUNIFICATION PLAN

### NATIONAL DISASTER REUNIFICATION RESOURCES:

- To search for a missing child, contact the National Center for Missing & Exploited Children at **1-800-THE-LOST (1-800-843-5678)**.
- To report a found child who has been separated from his/her parents, utilize the National Center for Missing & Exploited Children's Unaccompanied Minors Registry at <https://umr.missingkids.org>.
- To search for a family member or loved one, utilize the American Red Cross Safe and Well system at <https://safeandwell.communityos.org>.

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## U.S. DISASTER RISK MAP

### WHICH FEMA REGION DO YOU LIVE IN?

#### REGION 10

Severe storm  
Flood  
Volcano  
Earthquake  
Wild fire  
Tsunami  
Pandemic

#### REGION 8

Severe storm  
Flood  
Winter storm  
Earthquake  
Wild fire  
Pandemic

#### REGION 5

Severe storm  
Flood  
Winter storm  
Wild fire  
Tornado  
Pandemic

#### REGION 1

Severe storm  
Flood  
Winter storm  
Hurricane  
Pandemic

#### REGION 9

Severe storm  
Flood  
Volcano  
Earthquake  
Wild fire  
Tsunami  
Pandemic



#### REGION 2

Severe storm  
Flood  
Wild fire  
Winter storm  
Hurricane  
Pandemic

#### REGION 6

Severe storm  
Flood  
Hurricane  
Winter storm  
Wild fire  
Tornado  
Pandemic

#### REGION 7

Severe storm  
Flood  
Winter storm  
Earthquake  
Wild fire  
Tornado  
Pandemic

#### REGION 4

Severe storm  
Flood  
Hurricane  
Earthquake  
Winter storm  
Pandemic

#### REGION 3

Severe storm  
Flood  
Wild fire  
Winter storm  
Hurricane  
Pandemic

## AREA DISASTER RISK MAP

Discuss the differences in preparing for the specific disaster risks in your area. What preparations remain the same?



### POTENTIAL RISKS

Severe storm	Volcano	Wild fire
Flood	Winter storm	Tsunami
Hurricane	Earthquake	Tornado
		Pandemic

Circle risks in your area and place an "X" on your state within the map.



## BASIC EMERGENCY SUPPLY KIT





The information below is the FEMA-recommended disaster supply kit. The list should be considered the minimum supplies needed in the event of an emergency.

- First-aid kit
- Battery-powered or hand crank radio
- Battery-powered or hand crank flashlight
- Whistle to signal for help
- Cell phone with charger
- Local maps
- Dust mask, plastic sheeting and duct tape to shelter in place
- Garbage bags, moist toileses and plastic ties for personal sanitation
- Food, at least a three-day supply of non-perishable food and manual can-opener

### OTHER ITEMS TO CONSIDER FOR ADDITIONAL FAMILY MEMBERS:

- Baby supplies (bottles, formula, baby food, diapers)
- Kid's comfort items, such as a favorite blanket, stuffed animal, etc.
- Games, books and activities for children
- Towels/wet wipes
- Medication including hearing aids (with extra batteries), glasses, etc.
- Extra clothing
- Extra set of car keys and house keys
- Pet supplies (collar, leash, ID, food, carrier, bowl)

### ADDITIONAL EMERGENCY PREPARATIONS:

-  Fill your car with gas
-  Fill plastic bags with water and place them in the freezer
-  Get extra cash out of the bank
-  Fill prescriptions

## NOTES

NAME:

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### FAMILY MEMBERS:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

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NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

### WORK NUMBERS:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Insert Photo of Local  
Emergency Contact

NAME:

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**FAMILY MEMBERS:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

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**WORK NUMBERS:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

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NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME:

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**FAMILY MEMBERS:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

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NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**WORK NUMBERS:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Insert Photo of Local  
Emergency Contact

Insert Photo of Local  
Emergency Contact

NAME: \_\_\_\_\_

### OUT-OF-AREA EMERGENCY CONTACT

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

#### FAMILY MEMBERS:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_



Please circle or star the state which the family is located.

Insert Photo of  
Out-of-State  
Emergency Contact

NAME: \_\_\_\_\_

### OUT-OF-AREA EMERGENCY CONTACT

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

#### FAMILY MEMBERS:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_



Please circle or star the state which the family is located.

Insert Photo of  
Out-of-State  
Emergency Contact



## EVACUATION DESTINATIONS AND ROUTES

If a disaster occurs, shelter in place.

If sheltering in place is too dangerous, proceed to where local authorities direct you.

If separated from your loved ones, remember to meet at the agreed upon location listed in your family reunification plan.

If you continue to shelter in place, access your emergency kit contents and try phoning family.

If phone lines are inundated, try texting. Keep texts short and concise.

If texts will not go through, call out-of-state contacts.

### QUESTIONS TO DISCUSS WITH YOUR FAMILY:

- Which disasters could occur in your area?  
.....
- How would you prepare for each disaster?  
.....
- How would you be warned of an emergency?  
.....
- What is your community's evacuation routes?  
.....
- Do you know how to turn off the water, gas and electricity?  
.....
- Discuss plans for family pets.  
.....

Add notes based on your family discussion on the reverse side of this card.

DISASTER

HOW WILL YOU PREPARE?

.....  
.....  
.....  
.....  
.....

HOW WILL YOU BE WARNED? Circle or X all that apply.

SIREN	PHONE	TV	RADIO	INTERNET	FRIENDS
FAMILY	OTHER:				

LIST COMMUNITY EVACUATION ROUTE:

WHO WILL TURN OFF THE UTILITIES?

WATER: \_\_\_\_\_ GAS: \_\_\_\_\_ ELECTRIC: \_\_\_\_\_

PLAN FOR PETS:

NEIGHBORHOOD MEETING PLACE:

### MEETING PLACE: INSIDE NEIGHBORHOOD

NEIGHBORHOOD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_

MEETING SPOT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Add Photo of  
Meeting Place

Add Map to  
Meeting Place

COMMUNITY MEETING PLACE:

MEETING PLACE:  
COMMUNITY

LOCATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_

MEETING SPOT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Add Photo of  
Meeting Place

Add Map to  
Meeting Place



NATIONAL CENTER FOR  
**MISSING &  
EXPLOITED**  
CHILDREN®

**NATIONAL EMERGENCY CHILD LOCATOR CENTER**

In October 2006, Congress and President George W. Bush solidified this disaster support resource and created the National Emergency Child Locator Center. When a national disaster is declared by the President, the National Center for Missing & Exploited Children® can activate this call center to assist in the location of children and the reunification of families resulting from the disaster or subsequent evacuations.

**THE UNACCOMPANIED MINORS REGISTRY**

The Unaccompanied Minors Registry is a tool for reporting children displaced during a disaster such as a hurricane, tornado or terrorist attack. Through the unaccompanied minors registry, the National Center for Missing & Exploited Children is able to assist emergency management personnel on the ground in their efforts to reunite families.

**THE UNACCOMPANIED MINORS REGISTRY:**

- Provides a place for emergency management agencies, law enforcement, shelter staff, hospital employees and other organizations to report minors in their care during disasters.
- Accepts reports of children up to age 18 who have been separated from their parents, legal guardians or other relatives.
- Allows shelters, hospitals and other agencies managing a large number of unaccompanied minors to upload entire lists of names at once.
- The registry is also available to the public. If you locate an unaccompanied minor, call your local law enforcement agency immediately. Then, complete the unaccompanied minors registry form.

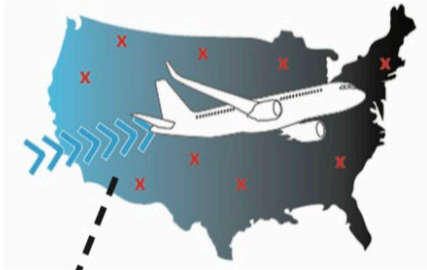
When a person makes a report to the registry, it goes directly to the National Center for Missing & Exploited Children's call center. A case will be opened for the child and information will be passed along to field resources on the ground.

<https://umr.missingkids.org>  
1-800-THE-LOST® | 1-800-843-5678

## TEAM ADAM

Team Adam, a program of the National Center for Missing & Exploited Children, provides rapid, on-site assistance to law enforcement agencies and families in cases of critically missing children. Team Adam consultants are retired law enforcement professionals with years of investigative experience at the federal, state and local levels.

<https://www.missingkids.org>  
1-800-THE-LOST® | 1-800-843-5678



When called, a **Team Adam Consultant** travels directly to the scene of a child's disappearance to offer assistance to investigators and families.



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<https://www.missingkids.org>  
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