
FAMILY PREPAREDNESS PLAN

Every family should have a Family Preparedness Plan in case of an emergency. It is critical for immigrant families to think ahead and set more concrete plans for immigration emergencies that can arise.

Below is information that will assist you with a Family Preparedness Plan

Items to consider in case of an emergency:

- Do all of your children have Passports? (It is critical that all U.S. born children have a passport in case of emergencies.)
- Put a plan in place on who would take care of your children if you are unable to do so. Items to consider:
 - Make sure your child and your child's school are aware of who the appointed adult who would be who would be caring for your child.
 - Does your children's school have information for an adult that can be responsible for your children in the event that you cannot pick them up?
 - If you can't get in touch with each other, is there someone outside of the family whom you could contact? Does everyone in the family know this person and how to reach him/her?
 - Provide copies of important documentation such as medical records, birth certificates and all contact information that is important for the child and caregiver to know.
- Do you know all of the full names, birth dates, and social security numbers or A-numbers for everyone in your family? Do you have this information memorized or written down somewhere safe?
- Where would you find all of your family members in an emergency? Do you know how to find them or contact them at home, work, school, or other places where your family spends time?

The following pages can be filled out and kept in a safe spot in case of an emergency.
It may be helpful to keep a copy in other places as well,
such as a car or at another trusted adult's home.

Family Information

Name	Date of Birth	Social Security	A-Number

Where to Find Family Members During an Emergency

Places where family spends time (School, work, home, etc)	Address	Phone Number

The following pages can be filled out and kept in a safe spot in case of an emergency.
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such as a car or at another trusted adult's home.

Medical Information

First Name						
Last Name						
DOB						
Doctor Contact Info.						
Medical Conditions						
Prescription						

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such as a car or at another trusted adult's home.

Our Non-Family Emergency Contact

Name of Non-Familial Contact: _____

Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Emergency Meeting Place

Family Meeting Place: _____

Address: _____

Phone Number: _____