1. Family Contact Information

Name: _____ Phone: _____ Email: _____ Role: _____

Name: _____ Phone: _____ Email: _____ Role: _____

Out-of-Area Contact: Name: _____ Phone: _____ Email: _____

2. Emergency Meeting Locations

Home / Immediate: _____ Neighborhood: _____

City / Regional: _____

3. Emergency Communication

- Text first, call second
- Use out-of-area contact if local lines fail
- Check on neighbors/friends

4. Emergency Supplies Checklist

- Water (1 gallon per person per day)
- Non-perishable food (3 days)
- Flashlight & batteries
- First aid kit & medications
- Hygiene items
- Important documents
- Cash (small bills)
- Phone charger / power bank
- Special Needs / Pets: _____

Rockland County
FIRE AND EMERGENCY
EMERGENCY MANAGEMENT DIVISION

5. Evacuation Plan

Primary route: _____ Secondary route: _____

Transportation: _____ Shelter locations: _____

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6. Home Safety

Utilities shut-off plan: _____ Fire extinguishers & smoke detectors checked: ☐ Yes ☐ No
Safe spots in each room: _____

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7. Family Roles

Name: _____ Role / Responsibility: _____

Name: _____ Role / Responsibility: _____

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8. Important Documents

Insurance: _____ Medical: _____ IDs & Birth Certificates: _____
Bank Info: _____

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9. Pet Plan

Food & water: _____ Crate / leash / meds: _____

Shelter acceptance: _____

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10. Practice & Review

Drill dates: _____ Plan reviewed: _____

Instructions: Print this page, fill in your family's details, and keep in a visible location for all household members.