



## INSTRUCTIONS TO PARENTS/GUARDIANS

- 1 Print a copy of the Family Emergency Communication Plan for each child in your household.
- 2 Collect passport size photos for you child/children and parent/guardian. If you do not have any passport photos on hand, you should still complete the form.
- 3 Fill out the form in the presence of ALL members of your family. Start a conversation with your children on who they will feel more comfortable to contact during an emergency.
- 4 Write in capital letters with a dark coloured pen.
- 5 Ensure all information is accurate and up to date.
- 6 Cut out and laminate or place in a waterproof bag.
- 7 Ensure your children understand the form.
- 8 Ensure your children know where it is located in their book bag.
- 9 Ensure your children keep a copy in their book bag, wallet or purse everyday.

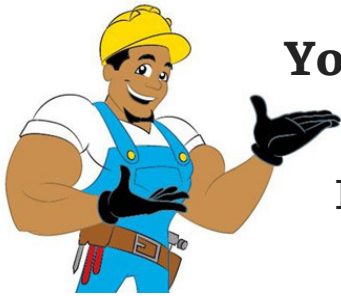


Print the Foldable Family Emergency Communication Plan for Adults.  
Ensure you have the same information as your children.

**LET'S GET READY & STAY READY!**



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# Your family may not be together when a disaster happens.


Fill out this plan with your family to have in case of an emergency.



Insert Picture of Child

## MY FAMILY COMMUNICATION PLAN

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

 My Address: \_\_\_\_\_  
\_\_\_\_\_

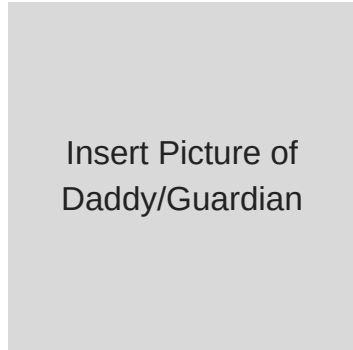
 My Home Number: \_\_\_\_\_

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




Insert Picture of Mummy/Guardian


Mummy's/Guardian's Name: \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Cell #: \_\_\_\_\_  
Work #: \_\_\_\_\_  
Other: \_\_\_\_\_



Insert Picture of Daddy/Guardian

Daddy's/Guardian's Name: \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Cell #: \_\_\_\_\_  
Work #: \_\_\_\_\_  
Other: \_\_\_\_\_

 In Case of Emergency (I.C.E.) Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
I.C.E. Phone Number: \_\_\_\_\_  
I.C.E. Phone Number: \_\_\_\_\_

 **MY EMERGENCY MEETING PLACES:**  
Near Home: \_\_\_\_\_  
Out of the Neighbourhood: \_\_\_\_\_  
School/Day Care Muster Point 1: \_\_\_\_\_  
School/Day Care Muster Point 2: \_\_\_\_\_

**Always remember to dial 999 in emergencies.**





## Your family may not be together when a disaster happens.

Fill out this emergency medical Information Card with  
your family to have in case of an emergency.

### EMERGENCY MEDICAL INFORMATION

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

Date of Birth (D.O.B.): \_\_\_\_\_

Blood Type: \_\_\_\_\_

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

Physical Limitation: \_\_\_\_\_

Communication Difficulties: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

Medications: \_\_\_\_\_

Dosage/Frequency: \_\_\_\_\_