FAMILY EMERGENCY PLAN
BISCO (BAYOU INTERFAITH SHARED COMMUNITY ORGANIZING)
and LOUISIANA SPIRIT HURRICANE RECOVERY
Give a copy of this plan to each family member, emergency contacts, children’s school, your pastor, etc.

FOR THE FAMILY OF: _____________________________________________________________

MAIN FAMILY ADDRESS: __________________________________________________________

EVACUATION/REGROUPING LOCATION: ________________________________________________

ICE NUMBERS (In Case of Emergency)
Program into your phone as ICE-1 and ICE-2 so emergency personnel reading your phone will know who to contact

<table>
<thead>
<tr>
<th>1st Out-of-area Contact</th>
<th>2nd Out-of-area Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>Home Phone:</td>
<td>Home Phone:</td>
</tr>
<tr>
<td>Work Phone:</td>
<td>Work Phone:</td>
</tr>
<tr>
<td>Cell Phone:</td>
<td>Cell Phone:</td>
</tr>
<tr>
<td>e-mail:</td>
<td>e-mail:</td>
</tr>
</tbody>
</table>

FAMILY INFORMATION

<table>
<thead>
<tr>
<th>NAME</th>
<th>BIRTHDATE</th>
<th>MEDICAL INFO ON BACK OF FORM?</th>
<th>USUAL WEEKDAY LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

’s workplace | ’s workplace | ’s workplace
Business:     | Business:     | Business:
Address:      | Address:      | Address:
Phone:        | Phone:        | Phone:
e-mail:      | e-mail:      |

’s school | ’s school | ’s school
School:      | School:      | School:
Address:     | Address:     | Address:
Phone:       | Phone:       | Phone:
e-mail:     | e-mail:     |

OTHER IMPORTANT NUMBERS
Post important numbers near your telephone or program them into your cell phone

<table>
<thead>
<tr>
<th>Police:</th>
<th>Fire:</th>
<th>Ambulance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor:</td>
<td>Insurance:</td>
<td>Flood Insurance:</td>
</tr>
</tbody>
</table>

INSURANCE INFORMATION

<table>
<thead>
<tr>
<th>Company:</th>
<th>Type:</th>
<th>Policy Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company:</td>
<td>Type:</td>
<td>Policy Number:</td>
</tr>
<tr>
<td>Company:</td>
<td>Type:</td>
<td>Policy Number:</td>
</tr>
</tbody>
</table>
MEDICAL INFORMATION

NAME: ____________________________________________
DIAGNOSES: ______________________________________

ALLERGIES: ________________________________________
MEDICATIONS: ______________________________________

OTHER: ___________________________________________

NAME: ____________________________________________
DIAGNOSES: ______________________________________

ALLERGIES: ________________________________________
MEDICATIONS: ______________________________________

OTHER: ___________________________________________

NAME: ____________________________________________
DIAGNOSES: ______________________________________

ALLERGIES: ________________________________________
MEDICATIONS: ______________________________________

OTHER: ___________________________________________

NAME: ____________________________________________
DIAGNOSES: ______________________________________

ALLERGIES: ________________________________________
MEDICATIONS: ______________________________________

OTHER: ___________________________________________

NAME: ____________________________________________
DIAGNOSES: ______________________________________

ALLERGIES: ________________________________________
MEDICATIONS: ______________________________________

OTHER: ___________________________________________
DIRECTIONS FOR FAMILY EMERGENCY PLANNING

1. Have a family meeting to devise a plan.
   A. Select an out-of-area evacuation site and/or a location to re-unite in case of separation
   B. Select at least two out-of-area contacts from different regions of the country for family members to contact in case of separation.
   C. Compile contact information (**Family Emergency Plan) for family members, including those not living at home.
   D. Give copies of the Family Emergency Plan (long form and wallet form) to each family member
   E. Give copies of the Family Emergency Plan to each of the following:
      1. Out-of-area contacts
      2. Children’s schools or day care centers
      3. Workplaces of family members
      4. Churches/Pastors
      5. Nursing Homes of senior family members
      6. Others selected as needed by the family
   F. Have practice drills with family members to make sure everyone knows exactly what to do before it becomes necessary.

Louisiana Spirit is an outreach crisis counseling program designed to address the emotional and mental health needs of those impacted by hurricanes and is funded by grants from FEMA/SAMHSA through the Louisiana Department of Health and Hospitals, Office of Mental Health to Options for Independence.

BISCO is everyday and ordinary church people working together with their ministers to effect positive change in the parishes of Lafourche and Terrebonne. The mission of BISCO is to build a powerful interfaith, multi-ethnic, multi-racial, multi-issue organization that serves as a voice for all persons in South Louisiana.