



(808) 969-3800

www.dhucks.com

HOUSEHOLD INFORMATION

FAMILY EMERGENCY PLAN

1st Meeting Place / # : _____


2nd Meeting Place / # : _____

Local Contact / # : _____

Off-Island Contact / # : _____

You may not be together in an emergency, so plan where you will meet if you can't go home, and how you will contact each other.


Grab your Go-Kit and Take your PIC

 **Name:** _____

Date of Birth: _____

Cell # : _____


Other Info: _____

 **Name:** _____

Date of Birth: _____

Cell # : _____


Other Info: _____

 **Name:** _____

Date of Birth: _____

Cell # : _____

Other Info: _____

 **Name:** _____

Date of Birth: _____

Cell # : _____

Other Info: _____

PETS				
DESCRIPTION				

Other Important Phone Numbers

Home: _____

Work: _____

Work: _____

School: _____

School: _____

Day Care: _____

Other Important Phone Numbers

Family: _____

Family: _____

Doctor: _____

Vet: _____

Friend: _____

Neighbor: _____



Additional HOUSEHOLD INFORMATION

Name: _____ Date of Birth: _____ Cell # : _____ Other Info: _____	Name: _____ Date of Birth: _____ Cell # : _____ Other Info: _____																				
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