

District Health Department #10 Family Emergency Communications Plan

Head of Household Name _____ Date of Plan _____

<p>Meeting Locations:</p> <p>1. Near Home _____ _____</p> <p>2. Away from Neighborhood _____ _____</p>	<p>Local Agency Contacts:</p> <p>Emergency Help <u>9-1-1</u> or Dispatch # _____ Poison Center <u>1-800-222-1222</u></p> <p>Utilities:</p> <p>Consumers Energy <u>1-800-477-5050</u> DTE Energy <u>1-800-477-4747</u></p>
<p>Local Friend or Relative Contact:</p> <p>Name _____ City/State _____ Phone (Day) _____ (Eve) _____ Cell _____ Other _____</p>	<p>Other Electric Company _____ Other Gas Company _____ Phone Company _____ Water Company _____ Cable Company _____ Other _____</p>
<p>Out of Area Friend or Relative Contact:</p> <p>Name _____ City/State _____ Phone (Day) _____ (Eve) _____ Cell _____ Other _____</p>	<p>Health Care Providers:</p> <p>Physician/Phone _____ Physician/Phone _____ Pharmacy/Phone _____ Medical Insurance _____ Veterinarian/Phone _____</p>
<p>Family Member:</p> <p>Name _____ DOB _____ SS# _____ Workplace/Phone _____ School/Phone _____ Daycare/Other/Phone _____ Medical Info/Medications _____ _____ _____</p>	<p>Family Member:</p> <p>Name _____ DOB _____ SS# _____ Workplace/Phone _____ School/Phone _____ Daycare/Other/Phone _____ Medical Info/Medications _____ _____ _____</p>
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