

 **FAMILY COMMUNICATIONS PLAN**

Primary Household Information

Street Address _____

City _____ State _____ ZIP _____

Secondary Household Information

Street Address _____

City _____ State _____ ZIP _____

Adult Contact Information (x3)

Name: _____

Sex: _____ DOB: ____ / ____ / ____

Email: _____

Other email: _____

Cell phone: _____

Special needs information: _____

Identifying characteristics: height, weight, hair colour, eye color, nicknames: _____

Work information: _____

Name: _____

Address: _____

Point-of-contact or special instructions: _____



Child Contact Information (x4)

Name: _____

Sex: _____ DOB: _____ / _____ / _____

Email: _____

Other email: _____

Cell phone: _____

Special needs information: _____

Identifying characteristics: height, weight, hair colour, eye color, nicknames: _____

Work information: _____

Name: _____

Address: _____

Point-of-contact or special instructions: _____

Pet Information

Pet's name: _____

Type of animal: _____ Age: _____

Veterinarian phone: _____

Special instructions: _____



Meeting Locations

Around the Immediate Home

Where to meet: _____

Phone number: _____

In the Neighbourhood

Where to meet: _____

Phone number: _____

Outside the Neighbourhood

Where to meet: _____

Phone number: _____

Outside the City

Where to meet: _____

Phone number: _____

Important Phone Numbers

For emergencies, dial 000

Police: _____

Fire: _____

Hospital: _____

Animal Control: _____

Poison hotline: 13 11 26

Other: _____

Other: _____

Other: _____

