FARM EMERGENCY INFORMATION PLAN

Address:	
State:	
Home Phone:	
Cell Phone:	
E-mail:	
mportant Information:	— —
	ILLINOIS FARM BUREAU, Farm. Family. Food
	Farm. Family. Food

PRIMARY EMERGENCY NUMBERS

Name:
Home Phone:
Cell Phone:
Name:
Home Phone:
Cell Phone:
Name:
Home Phone:
OUI I HOHE

POLICE, FIRE AMBULANCE: DIAL 911

EMERGENCY CONTACTS	FARM EMERGENCY CONTACT FORM	HOMEOWNER'S INSURANCE POLICY
Name:	County Emergency Management Office	Company: Agent:
Work Phone:		Policy Number:
E-mail:	Neighbor	r oncy number.
	Neighbor	FARM INSURANCE POLICY
Name:	· ·	Company:
Cell Phone:		Policy Number:
Work Phone:		
E-mail:	American Ded Cross	FLOOD INSURANCE POLICY
		Company:
Name:	Power Company	Policy Number:
Cell Phone:		WIND AND/OR HAIL INSURANCE POLICY
Work Phone:	Gas Company	
E-mail:		Company:
		Policy Number:
Name:	Water Company	IMPORTANT MEDICAL INFORMATION
Cell Phone:		
Work Phone:	Disaster Hotline	
E-mail:		
	County Public Health Department	
Name:		
Cell Phone:	Poison Control Center	
Work Phone:		
E-mail:		
	Local Veterinarian	
Name:		
Cell Phone:	State Veterinarian	
Work Phone:		
E-mail:	Cooperative Extension Service	
Name		
Name:Cell Phone:	Livestock Shipper	
Work Phone:		
E-mail:	First Overstien	
- mail:	· ···	
Name:	Grain Hauler	
Cell Phone:		
Work Phone:	Milk Hauler	
5 "	WIIIK FIGUIOI	

FAMILY EMERGENCY INFORMATION PLAN

Zip:
ILLINOIS FARM BUREAU, Farm. Family. Food.

NEIGHBORHOOD EMERGENCY MEETING PLAN

Meeting Place:	
Address:	
State:	_ Zip:
Phone:	
Instructions:	

FAMILY MEMBERS	FAMILY MEMBERS	CONTACT NUMBERS
Dad:	Grandpa & Grandma:	Poison Control:
Date of birth:	Address:	
Cell Phone:		Doctor:
Vork Phone:	Cell Phone:	
-mail:	Work Phone:	Pediatrician:
	E-mail:	T Galactiolatii
lom:	Cell Phone:	
ate of birth:	Work Phone:	Veterinarian:
ell Phone:	E-mail:	
Vork Phone:		
-mail:	Grandpa & Grandma:	Pharmacy:
	Address:	
hild 1:		
ate of birth:		Dentist:
ell Phone:	Work Phone:	
-mail:		Hospital:
ame of School:	Cell Phone:	
chool Phone:		
	E-mail:	Mico:
hild 2:		
ate of birth:	Family 1:	
ell Phone:	Home Phone:	WORK EMERGENCY PLAN
-mail:	Cell Phone:	Business Name:
ame of School:		
chool Phone:	Family 2:	Address:
	Home Phone:	
child 3:	Cell Phone:	State: Zip:
ate of birth:		Phone:
ell Phone:	Family 3:	
-mail:	Home Phone:	
lame of School:		
chool Phone:		
	EMERGENCY CONTACT NUMBERS	MEDICAL CONDITIONS
hild 4:	Name:#	
ate of birth:		
ell Phone:		
-mail:	Name: #	Medications:
lame of School:	Name: #	wiculoations.
School Phone:		
	Name:#_	