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在上面写下您的姓氏

## 家庭紧急通信计划

FEMA P-2133/July 2017

### 家庭信息

HOUSEHOLD INFORMATION

**住家 #:** .....  
Home #  
**地址:** .....  
Address  
**姓名:** ..... **手机 #:** .....  
Name Mobile #  
**其他 #或社交媒体:** .....  
Other # or social media  
**电邮:** .....  
Email  
**重要医疗或其他信息:** .....  
Important medical or other information

**姓名:** ..... **手机 #:** .....  
Name Mobile #  
**其他 #或社交媒体:** .....  
Other # or social media  
**电邮:** .....  
Email  
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Email  
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Important medical or other information

### 学校、儿童保育、护理人员和工作场所的紧急计划

SCHOOL, CHILDCARE, CAREGIVER, AND WORKPLACE EMERGENCY PLANS

**姓名:** .....  
Name  
**地址:** .....  
Address  
**紧急/热线#:** ..... **网站:** .....  
Emergency/Hotline # Website  
**紧急计划/接人:** .....  
Emergency Plan/Pick-Up

.....

**姓名:** .....  
Name  
**地址:** .....  
Address  
**紧急/热线#:** ..... **网站:** .....  
Emergency/Hotline # Website  
**紧急计划/接人:** .....  
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**紧急计划/接人:** .....  
Emergency Plan/Pick-Up



# FEMA

FEMA P-2133  
Catalog No. 17166-3

紧急情况联系人  
IN CASE OF EMERGENCY (ICE) CONTACT

姓名: ..... 手机 #: .....  
Name Mobile #  
住家 #: .....  
Home #  
电邮: .....  
Email  
地址: .....  
Address

外地联系人  
OUT-OF-TOWN CONTACT

姓名: ..... 手机 #: .....  
Name Mobile #  
住家 #: .....  
Home #  
电邮: .....  
Email  
地址: .....  
Address

紧急集合地点  
EMERGENCY MEETING PLACES

室内: .....  
Indoor  
指示: .....  
Instructions  
.....

邻里: .....  
Neighborhood  
指示: .....  
Instructions  
.....

邻里外: .....  
Out-of-Neighborhood  
地址: .....  
Address  
指示: .....  
Instructions  
.....

外地: .....  
Out-of-Town  
地址: .....  
Address  
指示: .....  
Instructions  
.....

重要号码或信息  
IMPORTANT NUMBERS OR INFORMATION

警察: ..... 拨打911或#: .....  
Police Dial 911 or #  
消防队: ..... 拨打911或#: .....  
Fire Dial 911 or #  
毒药控制: ..... #: .....  
Poison Control  
医生: ..... #: .....  
Doctor  
医生: ..... #: .....  
Doctor  
儿科医生: ..... #: .....  
Pediatrician  
牙医: ..... #: .....  
Dentist  
医疗保险: ..... #: .....  
Medical Insurance  
保单#: .....  
Policy #  
医疗保险: ..... #: .....  
Medical Insurance  
保单#: .....  
Policy #  
医院/诊所: ..... #: .....  
Hospital Clinic  
药房: ..... #: .....  
Pharmacy  
房屋/租赁保险: ..... #: .....  
Homeowner/Rental Insurance#  
保单#: .....  
Policy #  
水灾保险: ..... #: .....  
Flood Insurance  
保单#: .....  
Policy #  
兽医: ..... #: .....  
Veterinarian  
养狗场: ..... #: .....  
Kennel  
电力公司: ..... #: .....  
Electric Company  
天然气公司: ..... #: .....  
Gas Company  
自来水公司: ..... #: .....  
Water Company  
替代/可用交通: ..... #: .....  
Alternate/Accessible Transportation  
其他: .....  
Other  
其他: .....  
Other

要了解详情, 请访问  
**ready.gov/plan**