

Important Family Information

Keep
in your
emergency
kit!

Family Information

Home Address _____ Phone _____

Adult #1 name _____ Phone _____

Employer _____ Work Phone _____

Adult #2 name _____ Phone _____

Employer _____ Work Phone _____

Child #1 name _____ Birth date _____ Phone _____

School _____ School Phone _____

Child #2 name _____ Birth date _____ Phone _____

School _____ School Phone _____

Child #3 name _____ Birth date _____ Phone _____

School _____ School Phone _____

School/Daycare's policy for release of children after disaster: _____

We have made arrangements for the following person to pick up our children if we are unable to do so:

Name _____ Phone _____

Medical Information

List details for family members, including name, birth date, weight, and information on allergies, medications or special needs. Also list doctors' names and phone numbers.

In Case of Emergency, please contact: (list one out of state contact)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Meeting Places

Outside home _____ Outside Neighborhood _____

Pets

Name _____ Type _____ Indoor/Outdoor _____

Name _____ Type _____ Indoor/Outdoor _____

Neighbors

Name _____ Phone _____

Name _____ Phone _____