

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.

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 _____