

# Family Emergency Information Sheet

## Personal Information

Date: \_\_\_\_\_

Completing this information sheet and sharing it with others who may be available to assist you in an emergency are two simple things you and your family can do to be better prepared. Also, talk to your family about what to do, including how to get in touch with each other, in the event of an emergency.

*Remember to review/update your Family Emergency Information Sheet and your emergency plan each year.*

YOUR NAME

YOUR HOME ADDRESS

YOUR TELEPHONE: WORK HOME CELLULAR PAGER

YOUR PLACE OF EMPLOYMENT

ADDRESS

E-MAIL: WORK E-MAIL: HOME

SPOUSE'S NAME

SPOUSE'S TELEPHONE: WORK HOME CELLULAR PAGER

SPOUSE'S PLACE OF EMPLOYMENT

ADDRESS

E-MAIL: WORK E-MAIL: HOME

EMERGENCY CONTACT (IF YOU OR YOUR SPOUSE CANNOT BE REACHED)

NAME

RELATIONSHIP (RELATIVE, FRIEND, NEIGHBOR, ETC.)

ADDRESS

TELEPHONE: WORK HOME CELLULAR PAGER

E-MAIL: WORK E-MAIL: HOME

## Family Information

CHILD'S NAME

AGE DATE OF BIRTH

DAYCARE/SCHOOL TELEPHONE

DAYCARE/SCHOOL ADDRESS

TRANSPORTATION: WHEN/WHERE TO PICK-UP OR MEET SCHOOL BUS

HEALTH INFORMATION (ALLERGIES, MEDICATIONS, ETC.)

CHILD'S DOCTOR TELEPHONE

# Family Information

CHILD'S NAME \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DAYCARE/SCHOOL \_\_\_\_\_ TELEPHONE \_\_\_\_\_

DAYCARE/SCHOOL ADDRESS \_\_\_\_\_

TRANSPORTATION: WHEN & WHERE TO PICK-UP OR MEET SCHOOL BUS \_\_\_\_\_

HEALTH INFORMATION (ALLERGIES, MEDICATIONS, ETC.) \_\_\_\_\_

CHILD'S DOCTOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DAYCARE/SCHOOL \_\_\_\_\_ TELEPHONE \_\_\_\_\_

DAYCARE/SCHOOL ADDRESS \_\_\_\_\_

TRANSPORTATION: WHEN/WHERE TO PICK-UP OR MEET SCHOOL BUS \_\_\_\_\_

HEALTH INFORMATION (ALLERGIES, MEDICATIONS, ETC.) \_\_\_\_\_

CHILD'S DOCTOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_

# Other Members of Household

NAME \_\_\_\_\_ AGE \_\_\_\_\_

TELEPHONE: WORK \_\_\_\_\_ HOME \_\_\_\_\_ CELLULAR \_\_\_\_\_ PAGER \_\_\_\_\_

HEALTH INFORMATION (ALLERGIES, MEDICATIONS, MEDICAL CONDITIONS, ETC.) \_\_\_\_\_

DOCTOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_

TELEPHONE: WORK \_\_\_\_\_ HOME \_\_\_\_\_ CELLULAR \_\_\_\_\_ PAGER \_\_\_\_\_

HEALTH INFORMATION (ALLERGIES, MEDICATIONS, ETC.) \_\_\_\_\_

DOCTOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_

# Pets

NAME _____	TYPE (DOG, CAT, ETC.) _____	NAME _____	TYPE (DOG, CAT, ETC.) _____
FEEDING SCHEDULE/SPECIAL NEEDS _____		FEEDING SCHEDULE/SPECIAL NEEDS _____	
VETERINARIAN _____ TELEPHONE _____		VETERINARIAN _____ TELEPHONE _____	

*I have given copies of this information sheet to:*

\_\_\_\_\_