

# Our Family's Health and Contact Information



## The \_\_\_\_\_ Family's Emergency Plan

YOUR FAMILY'S LAST NAME

Photocopy this page or download it at [sesamestreet.org/ready](http://sesamestreet.org/ready).

Use this page to write down important contact information for your family members and keep track of the important people and places involved in your emergency plan.

Make copies of your family's emergency plan and share it with the important grown-ups in your child's life, such as your family members, your emergency contacts, her teacher, a key caregiver, or a special neighbor.



This information will help emergency workers care for your family in the event of an emergency.

**1.** \_\_\_\_\_  
**FAMILY MEMBER'S WHOLE NAME**

\_\_\_\_\_  
 RELATIONSHIP (MOTHER, FATHER, SON, DAUGHTER, ETC.)

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_  
 DAYTIME PHONE                      CELL PHONE

\_\_\_\_\_  
 E-MAIL

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

\_\_\_\_\_  
 MEDICATIONS

\_\_\_\_\_  
 ALLERGIES/IMPORTANT HEALTH INFORMATION

**2.** \_\_\_\_\_  
**FAMILY MEMBER'S WHOLE NAME**

\_\_\_\_\_  
 RELATIONSHIP (MOTHER, FATHER, SON, DAUGHTER, ETC.)

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_  
 DAYTIME PHONE                      CELL PHONE

\_\_\_\_\_  
 E-MAIL

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

\_\_\_\_\_  
 MEDICATIONS

\_\_\_\_\_  
 ALLERGIES/IMPORTANT HEALTH INFORMATION

**3.** \_\_\_\_\_  
**FAMILY MEMBER'S WHOLE NAME**

\_\_\_\_\_  
 RELATIONSHIP (MOTHER, FATHER, SON, DAUGHTER, ETC.)

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_  
 DAYTIME PHONE                      CELL PHONE

\_\_\_\_\_  
 E-MAIL

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

\_\_\_\_\_  
 MEDICATIONS

\_\_\_\_\_  
 ALLERGIES/IMPORTANT HEALTH INFORMATION

**4.** \_\_\_\_\_  
**FAMILY MEMBER'S WHOLE NAME**

\_\_\_\_\_  
 RELATIONSHIP (MOTHER, FATHER, SON, DAUGHTER, ETC.)

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_  
 DAYTIME PHONE                      CELL PHONE

\_\_\_\_\_  
 E-MAIL

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

\_\_\_\_\_  
 MEDICATIONS

\_\_\_\_\_  
 ALLERGIES/IMPORTANT HEALTH INFORMATION



## Emergency Contacts

Call the out-of-town contact to help keep track of and connect your family members. Call the local contact if you need help with a task in your area.

### 1. Out-of-Town Emergency Contact

WHOLE NAME

ADDRESS

E-MAIL

HOME PHONE

CELL PHONE

WORK PHONE

### 2. Local Emergency Contact

WHOLE NAME

ADDRESS

E-MAIL

HOME PHONE

CELL PHONE

WORK PHONE



### Emergency Meeting Place

Meet here if you can't get home. Young children should not go to this place alone; they should stay with a caregiver and wait for their parent/guardian to arrive.

NAME OF LOCATION

TYPE OF ESTABLISHMENT (GROCERY STORE, BOOKSTORE, ETC.)

ADDRESS

PHONE NUMBER



## Schools and Workplaces

1.

CHILD'S WHOLE NAME

SCHOOL/CHILD-CARE PROGRAM

SCHOOL/CHILD-CARE PROGRAM ADDRESS

TEACHER'S/CHILD-CARE PROVIDER'S WHOLE NAME

PHONE

EVACUATION LOCATION (IN THE EVENT OF AN EMERGENCY, THE CHILD WILL GO HERE WITH THE TEACHER/CHILD-CARE PROVIDER WHILE WAITING FOR A PARENT/GUARDIAN TO ARRIVE.)

2.

CHILD'S WHOLE NAME

SCHOOL/CHILD-CARE PROGRAM

SCHOOL/CHILD-CARE PROGRAM ADDRESS

TEACHER'S/CHILD-CARE PROVIDER'S WHOLE NAME

PHONE

EVACUATION LOCATION (IN THE EVENT OF AN EMERGENCY, THE CHILD WILL GO HERE WITH THE TEACHER/CHILD-CARE PROVIDER WHILE WAITING FOR A PARENT/GUARDIAN TO ARRIVE.)

3.

PARENT'S/GUARDIAN'S WHOLE NAME

WORKPLACE (OR OTHER DAYTIME LOCATION)

ADDRESS

PHONE

EVACUATION LOCATION

4.

PARENT'S/GUARDIAN'S WHOLE NAME

WORKPLACE (OR OTHER DAYTIME LOCATION)

ADDRESS

PHONE

EVACUATION LOCATION



**Trusted Adults** If parents/guardians cannot be located, please contact the following people on behalf of the child.

1.

WHOLE NAME

RELATIONSHIP TO CHILD (AUNT, FRIEND, NEIGHBOR, ETC.)

ADDRESS

E-MAIL

HOME PHONE

CELL PHONE

WORK PHONE

2.

WHOLE NAME

RELATIONSHIP TO CHILD (AUNT, FRIEND, NEIGHBOR, ETC.)

ADDRESS

E-MAIL

HOME PHONE

CELL PHONE

WORK PHONE



## Doctor/Insurance Information

PRIMARY CARE PHYSICIAN

PRIMARY CARE PHYSICIAN'S PHONE NUMBER

FAMILY HEALTH INSURANCE PROVIDER

HEALTH INSURANCE PROVIDER'S PHONE NUMBER
















POLICY NUMBER







## Let's Pack an Emergency Kit




**Create a family emergency kit.** Use this checklist to think about what you might need in case of an emergency. As you add items to your kit, check them off the list. **Remember to review your kit's contents regularly** (for instance, whenever you check your smoke alarms) to make sure items are up to date.

### Recommended Items:

-  2 COPIES OF YOUR FAMILY EMERGENCY PLAN
-  \$20 MINIMUM CASH AND COINS
-  EXTRA COPIES OF FAMILY HEALTH RECORDS, LIST OF PRESCRIPTIONS WITH DOSAGES, AND INSURANCE PAPERS
-  FIRST-AID KIT AND PRESCRIPTION MEDICATIONS
-  3-DAY SUPPLY OF WATER (1 GALLON OF WATER PER PERSON PER DAY)
-  3-DAY SUPPLY OF CANNED AND DRY FOOD, AND A MANUAL CAN OPENER
-  BATTERY-POWERED OR HAND-CRANKED RADIO
-  MOBILE PHONE AND CHARGERS FOR CAR AND HOME
-  FLASHLIGHT AND EXTRA BATTERIES
-  TOOLS (WRENCH OR PLIERS) TO TURN OFF UTILITIES
-  ITEMS FOR THE ELDERLY OR SPECIAL-NEEDS FAMILY MEMBERS
-  PET SUPPLIES
-  SPARE SET OF CAR AND HOUSE KEYS
-  BLANKETS OR SLEEPING BAGS
-  PAPER CUPS AND PLATES, AND PLASTIC UTENSILS

-  PLASTIC TRASH BAGS
-  MOIST TOWELETTES AND OTHER HYGIENE SUPPLIES
-  CHANGE OF CLOTHING, RAIN GEAR, AND STURDY SHOES FOR EACH FAMILY MEMBER
-  SUNSCREEN AND INSECT REPELLENT

### Important Items for Children:

-  1 COMFORT ITEM PER CHILD (A TEDDY BEAR OR OTHER TOY)  
Ask what your child would like to include, such as a doll that's not often used.
-  ITEMS FOR CHILDREN (PAPER, CRAYONS, BOOKS, AND TRAVEL-SIZE GAMES)
-  SMALL TOYS, NONPERISHABLE SNACKS, AND DIAPERS FOR INFANTS OR TODDLERS

### AND REMEMBER...

- » Keep your kit handy.
- » Keep items in airtight plastic bags.
- » Refill your kit with fresh water, batteries, and right-size clothes every 6 months.
- » Don't forget to keep emergency supplies in your car and at work!

