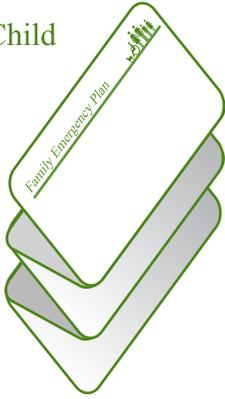


Child



Family Emergency Plan



Personal ID

Name: _____ DOB: _____
 Address 1: _____ State: _____ Zip: _____
 Address 2: _____ State: _____ Zip: _____
 Home Phone: _____ E-mail: _____
 Cell Phone: _____ Other E-mail: _____

Special Needs, Medical Conditions, Allergies, Important Information:

Ready ✓

< FOLD HERE >

School / Daycare

School Name: _____
 Address: _____ State: _____ Zip: _____
 Office Phone: _____
 Point of Contact or Special Instructions: _____

 School Emergency Plan: _____

< FOLD HERE >

Parent / Guardian / Care Giver

Name: _____ Home Phone: _____
 Address 1: _____ State: _____ Zip: _____
 Address 2: _____ State: _____ Zip: _____
 Work Phone: _____ E-mail: _____
 Cell Phone: _____ Other E-mail: _____
 Identifying Characteristics: _____
 Name: _____ Home Phone: _____
 Address 1: _____ State: _____ Zip: _____
 Address 2: _____ State: _____ Zip: _____
 Work Phone: _____ E-mail: _____
 Cell Phone: _____ Other E-mail: _____
 Identifying Characteristics: _____

< FOLD HERE >

Neighborhood Emergency Meeting Place

Name: _____
 Address: _____ State: _____ Zip: _____ Phone: _____
 Point of Contact or Special Instructions: _____

Out of Neighborhood Emergency Meeting Place

Name: _____
 Address: _____ State: _____ Zip: _____ Phone: _____
 Point of Contact or Special Instructions: _____

Out of Town Emergency Meeting Place

Name: _____
 Address: _____ State: _____ Zip: _____ Phone: _____
 Point of Contact or Special Instructions: _____

< FOLD HERE >

Important Numbers or Information

Name: _____ Phone: _____
 Name: _____ Type: _____ Age: _____ **Pets**
 Name: _____ Type: _____ Age: _____
 Veterinarian Phone: _____

DIAL 911 FOR EMERGENCIES



Place additional Information on the reverse side as needed.

