

# 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

