

FAMILY EMERGENCY PLANNING CHECKLIST

FAMILY CONTACTS

BUILD A KIT



Name: _____ Date of Birth: _____

SSN: _____

Important Medical Information: _____

Name: _____ Date of Birth: _____

SSN: _____

Important Medical Information: _____

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Important Medical Information: _____

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First aid kit

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Pet food, water, and supplies

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Important documents

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Cash and change

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Warm and cold weather clothing

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Shelf stable food and water

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Battery powered or hand crank radio

CONTACTS

Doctor

Telephone: _____

Email: _____

Dentist

Telephone: _____

Email: _____

Specialist

Telephone: _____

Email: _____

Veterinarian

Telephone: _____

Email: _____

INSURANCE

Type: _____

Policy Number: _____

Telephone: _____

MEETING LOCATIONS

Neighborhood: _____

Additional: _____



EMERGENCY CONTACTS

Name: _____

Telephone: _____

Email: _____

Name: _____

Telephone: _____

Email: _____

