

# FAMILY EMERGENCY PLAN



## HOUSEHOLD INFORMATION

HOME PHONE .....

ADDRESS .....

## FAMILY MEMBERS

NAME .....

CELL PHONE .....

OTHER .....

EMAIL .....

IMPORTANT MEDICAL INFO .....

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## FAMILY MEMBERS

NAME .....

CELL PHONE .....

OTHER .....

EMAIL .....

IMPORTANT MEDICAL INFO .....

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**FAMILY MEMBERS**

NAME .....

CELL PHONE .....

OTHER .....

EMAIL .....

IMPORTANT MEDICAL INFO .....

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**FAMILY MEMBERS**

NAME .....

CELL PHONE .....

OTHER .....

EMAIL .....

IMPORTANT MEDICAL INFO .....

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NAME .....

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**FAMILY MEMBERS**

NAME .....

CELL PHONE .....

OTHER .....

EMAIL .....

IMPORTANT MEDICAL INFO .....

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**EMERGENCY PLANS: ENTER INFORMATION FOR SCHOOLS, CHILDCARE,  
CAREGIVERS AND WORKPLACES**

NAME .....

ADDRESS .....

EMERGENCY # / HOTLINE .....

WEBSITE .....

EMERGENCY PLAN/PICK-UP .....

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CELL .....

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**EMERGENCY CONTACTS**

NAME .....

ADDRESS .....

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**EMERGENCY CONTACTS**

NAME .....

ADDRESS .....

CELL .....

EMAIL .....

**EMERGENCY MEETING PLACE**

LOCATION .....

INSTRUCTIONS .....

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LOCATION .....

INSTRUCTIONS .....

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LOCATION .....

INSTRUCTIONS .....

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**MEDICAL INFORMATION**



POISON CONTROL 1-800-222-1222 .....

ANIMAL CONTROL 307-637-6206 .....

NATIONAL WEATHER SERVICE 307-772-2468 .....

NON-EMERGENCY DISPATCH 307-637-6525 .....

DOCTOR'S NAME .....

DOCTOR'S NUMBER .....

PEDIATRICIAN'S NAME .....

PEDIATRICIAN'S NUMBER .....

ALLERGY INFORMATION AND PRESCRIPTIONS .....

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MEDICAL INSURANCE NAME .....

POLICY NUMBER (MEDICAL) .....

ASSISSTIVE DEVICES MAKE (S), MODEL (S), SUPPLIER (S), AND SERIAL NUMBER (S)

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VETERINARIAN'S NAME .....

VETERINARIAN'S NUMBER .....

