

**Quick Emergency Guide for Parents:**

**A place to put all of your emergency information**

|  |  |
| --- | --- |
| **Home Address** | |
| **Street/ Apartment #** |  |
| **City** |  |
| **State & Zip Code** |  |
| **Phone Number and Type** |  |
| **Phone Number and Type** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Household Members** | | | |
| **Name** | **Relationship** | **Contact Information** | **Social Security Number** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Emergency Contacts (include one out of local area)** | | |
| **Name and Relationship** | **Home Phone Number** | **Cell Phone Number** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Safe Meeting Places** | | |
| **Location Name** | **Address** | **Phone Number** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Support Systems** | | |
| **Name and Relationship** | **Phone Number** | **Address** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| Transportation Needs: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medication Chart/Needs** | | | | |
| **User’s Name** | **Medication Name** | **Dosage/Frequency** | **Prescription #** | **Pharmacy Name & Phone Number** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Allergy Information** | |
| **Name of Household member** | **Drug/Food/Items that may cause an allergic reaction** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medical Supplies Information** | | | | |
| **User’s Name** | **Item** | **Supplier** | **Phone Number** | **Comments** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Insurance Information** | | | |
| **Name of Policy and Policy Number** | **Household member insured** | **Phone Number** | **Contact Person** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Bank and Financial Information** | | | |
| **Bank Holder’s Name** | **Name of Bank** | **Account Number** | **Phone Number** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Additional Useful Contact Information**  **In the event of an emergency, please call 911** | | | |
| **Organization** | **Name** | **Address** | **Phone Number** |
| **Doctor** |  |  |  |
| **Pediatrician** |  |  |  |
| **Dentist** |  |  |  |
| **Hospital** |  |  |  |
| **Electric** |  |  |  |
| **Gas** |  |  |  |
| **Water** |  |  |  |
| **Veterinarian** |  |  |  |
| **Local Police or Sherriff’s Department** |  |  |  |
| **Poison Control (24/7)** |  |  |  |
| **Local Health Department** |  |  |  |
| **Daymark Crisis Line** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Additional Personal Information** | |
| **Name** | **Medical/Mental Health/ Communication Needs/Sleep needs/Food Needs/Mobility Assistance, etc.** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Pet/Service Animal Information** | | | |
| **Pet’s Name** | **Dietary Needs** | **Service Permit** | **Commits** |
|  |  |  |  |
|  |  |  |  |

Date completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_