

**Quick Emergency Guide for Parents:**

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

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

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| **Household Members** |
| **Name** | **Relationship** | **Contact Information** | **Social Security Number** |
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| **Emergency Contacts (include one out of local area)** |
| **Name and Relationship** | **Home Phone Number** | **Cell Phone Number** |
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| **Safe Meeting Places** |
| **Location Name** | **Address** | **Phone Number** |
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| **Support Systems** |
| **Name and Relationship** | **Phone Number** | **Address** |
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| Transportation Needs: |

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| **Medication Chart/Needs** |
| **User’s Name** | **Medication Name** | **Dosage/Frequency** | **Prescription #** | **Pharmacy Name & Phone Number** |
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| **Allergy Information** |
| **Name of Household member** | **Drug/Food/Items that may cause an allergic reaction**  |
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| **Medical Supplies Information** |
| **User’s Name** | **Item** | **Supplier** | **Phone Number** | **Comments** |
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| **Insurance Information** |
| **Name of Policy and Policy Number** | **Household member insured** | **Phone Number** | **Contact Person** |
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| **Bank and Financial Information** |
| **Bank Holder’s Name** | **Name of Bank** | **Account Number** | **Phone Number** |
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| **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** |  |  |  |
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| **Additional Personal Information** |
| **Name** | **Medical/Mental Health/ Communication Needs/Sleep needs/Food Needs/Mobility Assistance, etc.** |
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| **Pet/Service Animal Information** |
| **Pet’s Name** | **Dietary Needs** | **Service Permit** | **Commits** |
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Date completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_