

THE

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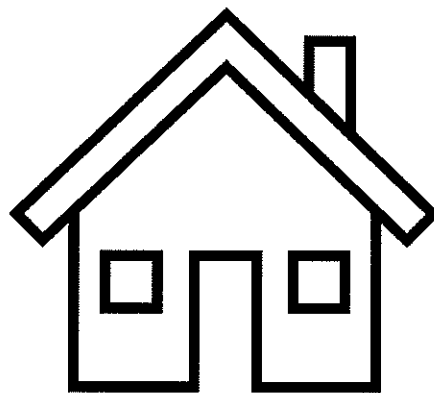
FAMILY  
EMERGENCY BINDER

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Street Address

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City, State, Zip



**\*GRAB IN CASE OF EMERGENCY OR DISASTER\***

## **FAMILY EMERGENCY PLAN BINDER LIST**

### **VITAL DOCUMENTS** (Make copies. Keep originals in fire/water safe or safety deposit box)

- ☐ Birth certificates
- ☐ Passports
- ☐ Immunization records
- ☐ Will, Power of Attorney, etc.
- ☐ Medical Directive
- ☐ Medical Information, including prescriptions
- ☐ Military and church papers
- ☐ Diplomas and transcripts
- ☐ Marriage certificates
- ☐ Adoption papers
- ☐ Proof of citizenship (social security cards and driver's license)
- ☐ Pet ID/Immunization records

### **INSURANCE DOCUMENTS**

- ☐ Homeowners insurance policy
- ☐ Home inventory: printed pictures & lists of personal belongings. Could include video on a flash drive
- ☐ Auto insurance policy
- ☐ Life insurance policy
- ☐ Medical insurance policy

### **FINANCIAL DOCUMENTS**

- ☐ Copies of credit cards front and back
- ☐ Bank account information
- ☐ Retirement/social security information
- ☐ Internet passwords (banking, online bill pay, personal, work, etc.)
- ☐ Work/tax documents that could be difficult to replace
- ☐ Deeds to properties. Titles to cars, boats, etc.

### **PERSONAL**

- ☐ Emergency contact names & phone numbers
- ☐ Family history documents

### **EVACUATION INFO**

- ☐ Home escape route/meeting place
- ☐ Grab-N-Go list
- ☐ Contents of 72 Hr Kit (if you have one)
- ☐ Contents of Car Kit (if you have one)
- ☐ Contents of First Aid Kit (if you have one)
- ☐ How-to First Aid & Survival booklets

## **FAMILY INFORMATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Important Medical Information: \_\_\_\_\_

Pets: \_\_\_\_\_

Last Updated: \_\_\_\_\_

<u>CATEGORY</u>	<u>NAME</u>	<u>PHONE</u>	<u>RELATION</u>	<u>NOTES</u>
Primary Contact	_____	_____	_____	_____
Secondary Contact	_____	_____	_____	_____
Doctor	_____	_____	_____	_____
Pediatrician	_____	_____	_____	_____
Pharmacist	_____	_____	_____	_____
Dentist	_____	_____	_____	_____
Veterinarian	_____	_____	_____	_____
Out of Town Contact	_____	_____	_____	_____
Other Person	_____	_____	_____	_____

## WORK/SCHOOL LOCATIONS

Make extra copies as needed: Page \_\_\_\_\_ of \_\_\_\_\_

Name: \_\_\_\_\_  
Work Location: \_\_\_\_\_  
Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_

Name: \_\_\_\_\_  
Work Location: \_\_\_\_\_  
Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_

Name: \_\_\_\_\_  
School Location: \_\_\_\_\_  
Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_  
School Phone: \_\_\_\_\_  
Principal Name: \_\_\_\_\_

Name: \_\_\_\_\_  
School Location: \_\_\_\_\_  
Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_  
School Phone: \_\_\_\_\_  
Principal Name: \_\_\_\_\_

Name: \_\_\_\_\_  
School Location: \_\_\_\_\_  
Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_  
School Phone: \_\_\_\_\_  
Principal Name: \_\_\_\_\_

Name: \_\_\_\_\_  
School Location: \_\_\_\_\_  
Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_  
School Phone: \_\_\_\_\_  
Principal Name: \_\_\_\_\_

Name: \_\_\_\_\_  
School Location: \_\_\_\_\_  
Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_  
School Phone: \_\_\_\_\_  
Principal Name: \_\_\_\_\_

Name: \_\_\_\_\_  
Daycare Location: \_\_\_\_\_  
Address: \_\_\_\_\_

Daycare Phone: \_\_\_\_\_  
Daycare Director: \_\_\_\_\_

Name: \_\_\_\_\_  
Daycare Location: \_\_\_\_\_  
Address: \_\_\_\_\_

Daycare Provider: \_\_\_\_\_  
Daycare Phone: \_\_\_\_\_

CHILD ID KIT

\*Fill out one page for each member of the family. Update every year or as things change\*

Child Information

Full Name: \_\_\_\_\_  
Nickname(s): \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
  
Date of Birth: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Ethnicity: \_\_\_\_\_  
Height: \_\_\_\_\_  
Weight: \_\_\_\_\_  
Eye Color: \_\_\_\_\_  
Hair Color: \_\_\_\_\_  
Birthmarks: \_\_\_\_\_  
Distinctive Moles: \_\_\_\_\_  
Scars: \_\_\_\_\_  
  
Other (glasses, contacts, braces, prosthetics, etc): \_\_\_\_\_  
\_\_\_\_\_

Guardian Information

Primary Guardian's Name: \_\_\_\_\_  
Primary Guardian's Phone: \_\_\_\_\_  
Secondary Guardian's Name: \_\_\_\_\_  
Secondary Guardian's Phone: \_\_\_\_\_

School Information

Current Grade: \_\_\_\_\_ Room #: \_\_\_\_\_  
School Name: \_\_\_\_\_  
School Address: \_\_\_\_\_  
School Phone: \_\_\_\_\_  
Teacher's Name: \_\_\_\_\_  
Principal Name: \_\_\_\_\_

Medical Information

Allergies: \_\_\_\_\_  
Medical Condition(s): \_\_\_\_\_  
Medications: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Pediatrician: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Other Doctor: \_\_\_\_\_  
  
Phone Number: \_\_\_\_\_

Other Information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Glue a 2"x3"  
or wallet size  
photo here



Right Thumb



Right Index



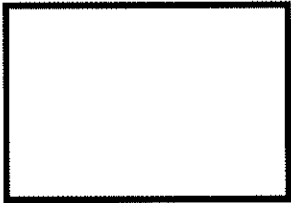
Right Middle



Right Ring



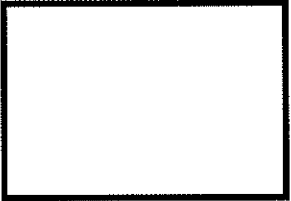
Right Pinky



Left Thumb



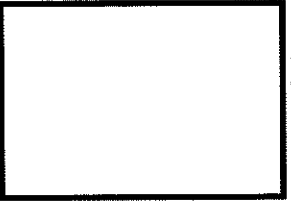
Left Index



Left Middle



Left Ring



Left Pinky

## ADULT ID KIT

\*Fill out one page for each member of the family. Update every year or as things change\*

### Adult Information

Full Name: \_\_\_\_\_  
Nickname(s): \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
  
Date of Birth: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Ethnicity: \_\_\_\_\_  
Height: \_\_\_\_\_  
Weight: \_\_\_\_\_  
Eye Color: \_\_\_\_\_  
Hair Color: \_\_\_\_\_  
Birthmarks: \_\_\_\_\_  
Distinctive Moles: \_\_\_\_\_  
Scars: \_\_\_\_\_

Other (glasses, contacts, braces, prosthetics, etc): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contact Information

Emergency Contact Name: \_\_\_\_\_  
Emergency Contact Phone: \_\_\_\_\_  
Emergency Contact Relationship: \_\_\_\_\_  
Secondary Contact's Name: \_\_\_\_\_  
Secondary Contact's Phone: \_\_\_\_\_  
Secondary Contact's Relationship: \_\_\_\_\_

### Work Information

Place of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_  
Work Number: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

### Medical Information

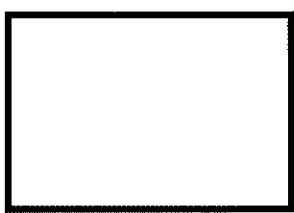
Allergies: \_\_\_\_\_  
Medical Condition(s): \_\_\_\_\_  
\_\_\_\_\_  
Medications: \_\_\_\_\_  
\_\_\_\_\_  
Family Doctor: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Other Doctor: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_

### Other Information

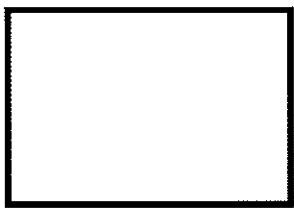
\_\_\_\_\_  
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\_\_\_\_\_



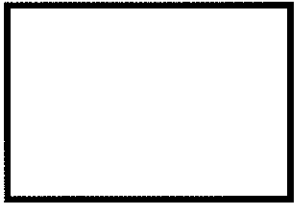
Glue a 2"x3"  
or wallet size  
photo here



Right Thumb



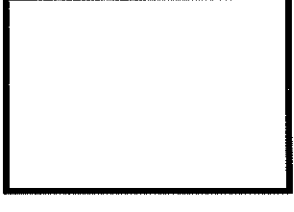
Right Index



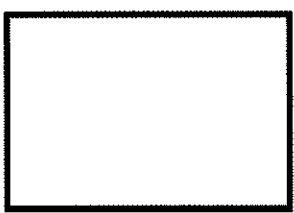
Right Middle



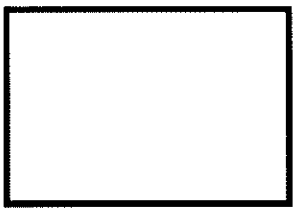
Right Ring



Right Pinky



Left Thumb



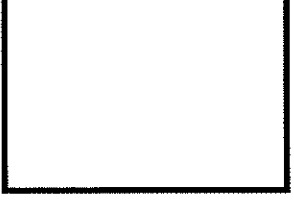
Left Index



Left Middle



Left Ring



Left Pinky

**PET INFORMATION**

Glue a  
2"x3" inch  
or wallet  
size photo  
here

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
BREED

\_\_\_\_\_  
MICROCHIP LOCATION

**Health & Medical Information**

Veterinarian:

Location:

Vaccines:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications:

Other Information:

## **BANK INFORMATION**

Bank Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Account # \_\_\_\_\_  
Debit Card Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Account Type: \_\_\_\_\_  
Checking/Savings/Safety Deposit Box  
Expiration Date: \_\_\_\_\_

Bank Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Account # \_\_\_\_\_  
Debit Card Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Account Type: \_\_\_\_\_  
Checking/Savings/Safety Deposit Box  
Expiration Date: \_\_\_\_\_

Bank Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Account # \_\_\_\_\_  
Debit Card Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Account Type: \_\_\_\_\_  
Checking/Savings/Safety Deposit Box  
Expiration Date: \_\_\_\_\_

Bank Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Account # \_\_\_\_\_  
Debit Card Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Account Type: \_\_\_\_\_  
Checking/Savings/Safety Deposit Box  
Expiration Date: \_\_\_\_\_

Credit Card Company: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Credit Card Company: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Credit Card Company: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Credit Card Company: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

## INSURANCE INFORMATION

### **Homeowners Policy**

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Policy Type: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Holder: \_\_\_\_\_  
Agent: \_\_\_\_\_

Coverage  
Dwelling \$  
Personal Property \$  
Liability \$  
Deductible \$

### **Auto Policy**

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Policy Type: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Holder: \_\_\_\_\_  
Agent: \_\_\_\_\_  
Vehicle: \_\_\_\_\_  
VIN: \_\_\_\_\_

Coverage  
Bodily Injury \$  
Property Damage \$  
Uninsured \$  
Comp Deductible \$  
Collision Deductible \$

### **Auto Policy**

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Policy Type: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Holder: \_\_\_\_\_  
Agent: \_\_\_\_\_  
Vehicle: \_\_\_\_\_  
VIN: \_\_\_\_\_

Coverage  
Bodily Injury \$  
Property Damage \$  
Uninsured \$  
Comp Deductible \$  
Collision Deductible \$

### **Life Insurance**

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Policy Type: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Holder: \_\_\_\_\_  
Agent: \_\_\_\_\_

Coverage  
\$ each adult  
\$ each child

## PASSWORDS

## WEBSITE

**USERNAME**

## PASSWORD

## NOTES

[illegible]

# How to make a Home Fire Escape Plan

**100 YEARS**  
1922-2022

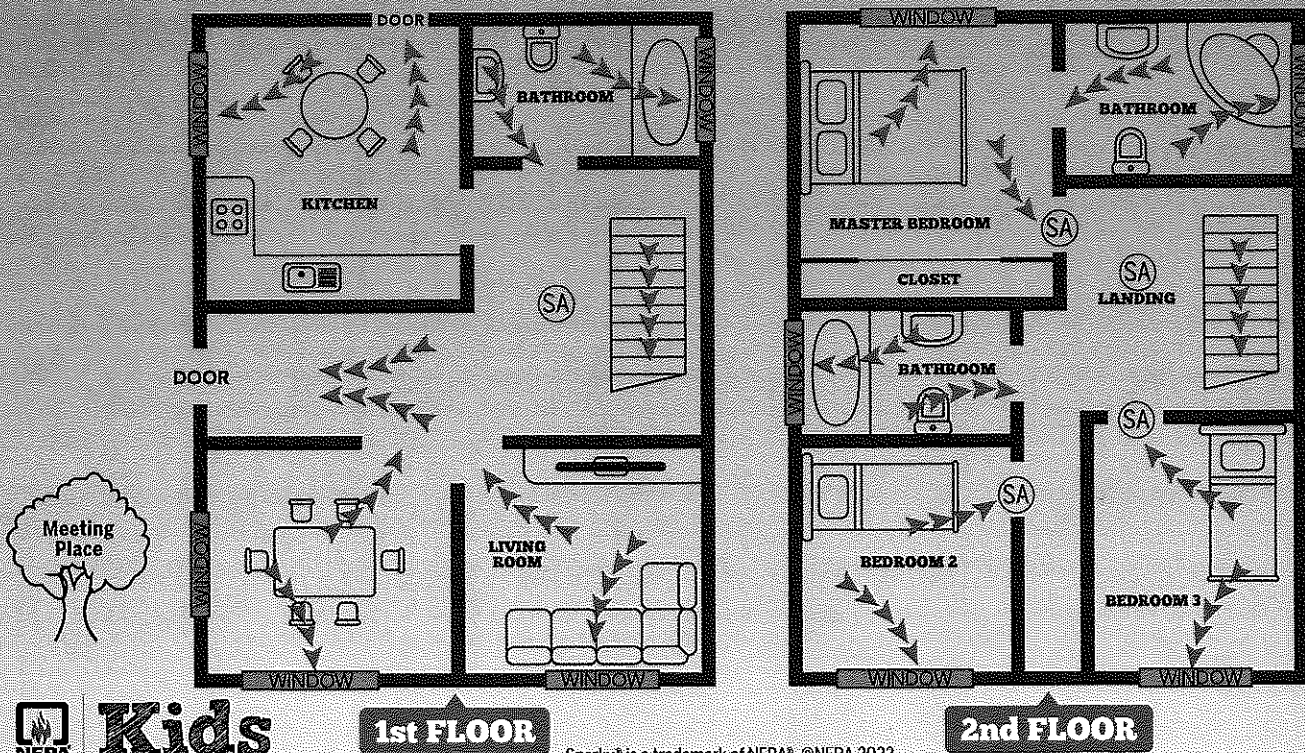
**FIRE PREVENTION WEEK™**



Visit [Sparky.org](http://Sparky.org)  
for more activities!

- ☐ Draw a map of your home. Show all doors and windows.
- ☐ Visit each room. Find two ways out.
- ☐ All windows and doors should open easily. You should be able to use them to get outside.
- ☐ Make sure your home has smoke alarms. Push the test button to make sure each alarm is working.
- ☐ Pick a meeting place outside. It should be in front of your home. Everyone will meet at the meeting place.
- ☐ Make sure your house or building number can be seen from the street.
- ☐ Talk about your plan with everyone in your home.
- ☐ Make sure everyone in your home knows how to dial 911 or your local emergency number.
- ☐ Practice your home fire drill!
- ☐ Make your own home fire escape plan using the grid provided on page 2.

## Sample Escape Plan



**Kids**

**1st FLOOR**

**2nd FLOOR**

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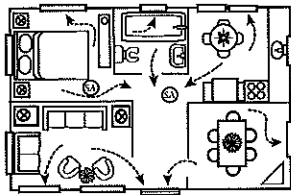
## How to make a

# Home Fire Escape Plan

**100 YEARS**  
1922-2022

**FIRE PREVENTION WEEK™**

Visit **Sparky.org**  
for more activities!



Meeting Place

- Draw a floor plan or a map of your home. Show all **doors** and **windows**.
- Mark **two ways out** of each room.
- Mark all of the **smoke alarms** with (SA). Smoke alarms should be in each sleeping room, outside each sleeping area, and on every level of the home.
- Pick a family **meeting place** outside where everyone can meet.
- Remember, **practice** your plan at least **twice a year!**

This image shows a full page of blank graph paper. The grid consists of small, equal-sized squares formed by thin black lines. There are 20 columns and 20 rows of squares, creating a total of 400 square units. The paper is otherwise completely blank, with no margins, text, or other markings.

Get more information on smoke alarms and escape planning at [www.nfpa.org/factsheets](http://www.nfpa.org/factsheets).

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