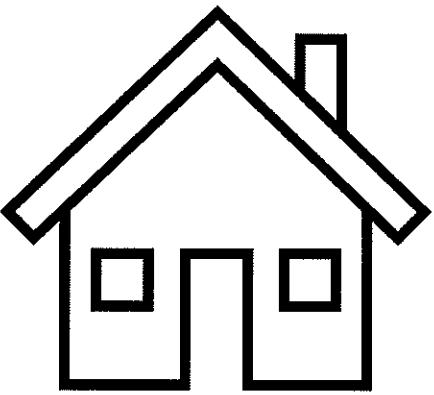


THE

FAMILY
EMERGENCY BINDER

Street Address

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: _____

<u>CATEGORY</u>	<u>NAME</u>	<u>PHONE</u>	<u>EMERGENCY CONTACTS</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): _____

Child Information

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

School Information

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

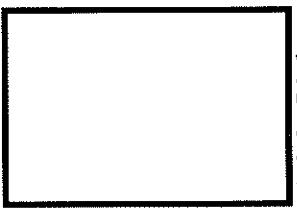
Medical Information

Phone Number: _____
Phone Number: _____
Phone Number: _____
Phone Number: _____

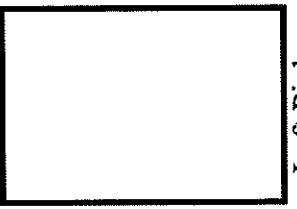
Guardian Information

Primary Guardian's Name: _____
Primary Guardian's Phone: _____
Secondary Guardian's Name: _____
Secondary Guardian's Phone: _____

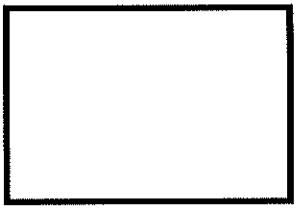
Other Information



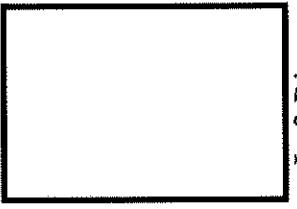
Right Pinky



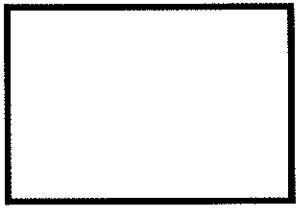
Left Pinky



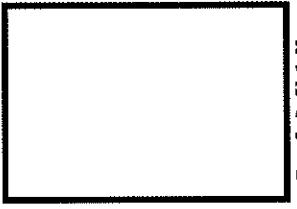
Right Ring



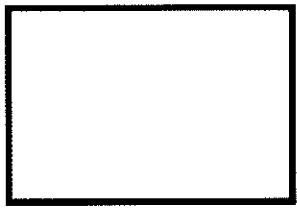
Left Ring



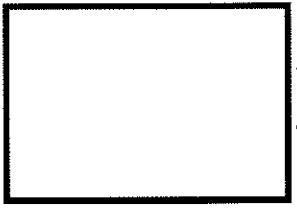
Right Middle



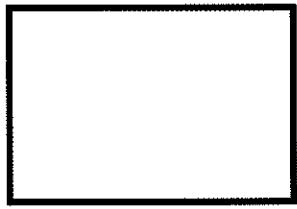
Left Middle



Right Index



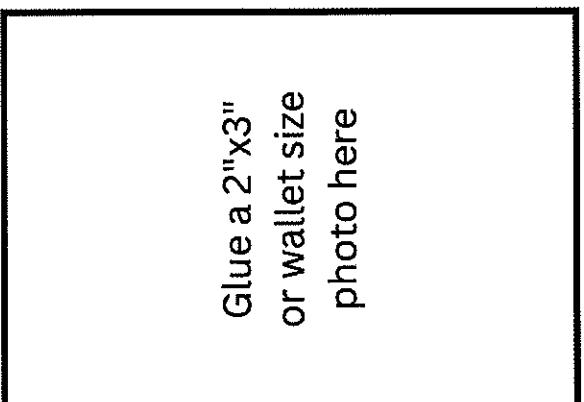
Left Index



Right Thumb



Left Thumb



Glue a 2" x 3"
or wallet size
photo here

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: _____

Work Information

Place of Employment: _____
Address: _____
Work Number: _____
Supervisor: _____

Medical Information

Date of Birth: _____
Gender: _____
Ethnicity: _____
Height: _____
Weight: _____
Eye Color: _____
Hair Color: _____
Birthmarks: _____
Distinctive Moles: _____
Scars: _____

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

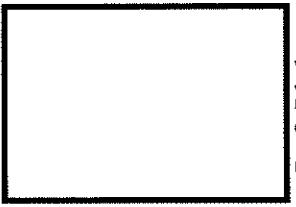
Other (glasses, contacts, braces, prosthetics, etc): _____

Other Information

Emergency Contact Information
Emergency Contact Name: _____
Emergency Contact Phone: _____
Emergency Contact Relationship: _____
Secondary Contact's Name: _____
Secondary Contact's Phone: _____
Secondary Contact's Relationship: _____



Right Pinky



Left Pinky



Right Ring



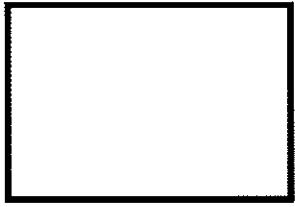
Left Ring



Right Middle



Left Middle



Right Index



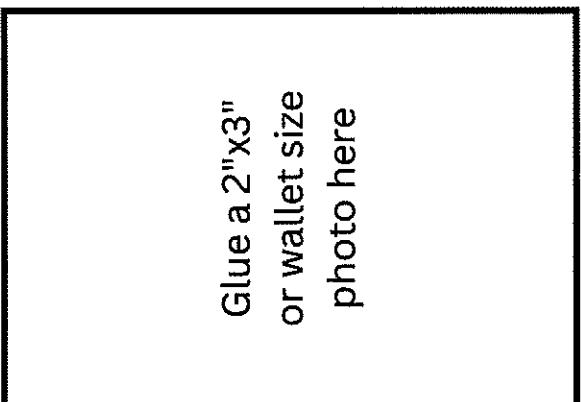
Left Index



Right Thumb



Left Thumb



Glue a 2" x 3"
or wallet size
photo here

PET INFORMATION

Glue a
2" x 3" inch
or wallet
size photo
here

NAME

DATE OF BIRTH

BREED

MICROCHIP LOCATION

Health & Medical Information

Veterinarian:

Location: _____

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: _____

<u>Coverage</u>	\$
Dwelling	\$
Personal Property	\$
Liability	\$
Deductible	\$

Auto Policy

Company: _____
Address: _____
Phone Number: _____
Policy Type: _____
Policy Number: _____
Policy Holder: _____
Agent: _____
Vehicle: _____
VIN: _____

<u>Coverage</u>	\$
Bodily Injury	\$
Property Damage	\$
Uninsured	\$
Comp Deductible	\$
Collision Deductible	\$

Auto Policy

Company: _____
Address: _____
Phone Number: _____
Policy Type: _____
Policy Number: _____
Policy Holder: _____
Agent: _____
Vehicle: _____
VIN: _____

<u>Coverage</u>	\$
Bodily Injury	\$
Property Damage	\$
Uninsured	\$
Comp Deductible	\$
Collision Deductible	\$

Life Insurance

Company: _____
Address: _____
Phone Number: _____
Policy Type: _____
Policy Number: _____
Policy Holder: _____
Agent: _____

<u>Coverage</u>	
\$	each adult
\$	each child

PASSWORDS

WEBSITE

USERNAME

PASSWORD

NOTES

How to make a Home Fire Escape Plan

100 YEARS
1922-2022

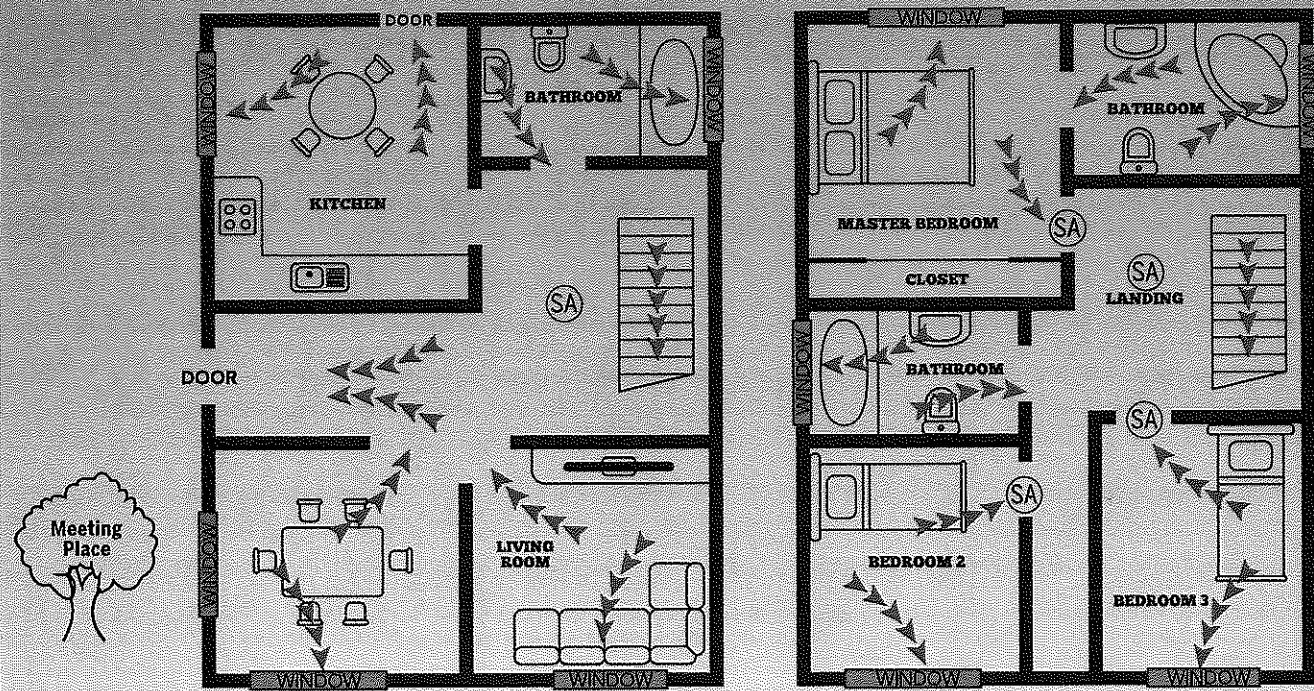
 FIRE PREVENTION WEEK™



Visit 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

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2nd FLOOR

Memorize your fire department's emergency phone number and write it below:

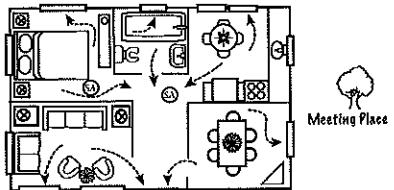
How to make a **Home Fire Escape Plan**

100 YEARS 1922-2022

The logo for Fire Prevention Week, featuring a stylized fire icon on the left and the text "FIRE PREVENTION WEEK™" in a bold, sans-serif font on the right.



Visit Sparky.org
for more activities!



- 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!**

Grown-ups: Children don't always wake up when the smoke alarm sounds. Know what your child will do before a fire occurs.

Get more information on smoke alarms and escape planning at www.nfpa.org/factsheets.

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