

Print, complete information, store in SAFEID Online Album, cut and fold cards, then give one to each family member to keep on their person.

REMINDER

SAFEID Online Album gives access for retrieving/emailing your data from any computer using your preset username and password.

www.safeid4families.org **EMERGENCY PREPAREDNESS**

Work Location: _____
 Address: _____
 Telephone: _____
 Work Location: _____
 Address: _____
 Telephone: _____
 Out-of-Town Contact: _____
 Relationship: _____
 Telephone: _____
 Out-of-Town Contact: _____
 Relationship: _____
 Telephone: _____

www.safeid4families.org **EMERGENCY PREPAREDNESS**

Emergency Contact: _____
 Telephone: _____
 Emergency Contact: _____
 Telephone: _____
 Emergency Contact: _____
 Telephone: _____
 Meeting Place: _____
 Address: _____
 Telephone: _____ Contact: _____
 Other Information: _____

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Work Location: _____
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 Telephone: _____
 Work Location: _____
 Address: _____
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 Telephone: _____
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 Address: _____
 Telephone: _____ Contact: _____
 Other Information: _____

Print, complete information, store in SAFEID Online Album, place originals in 9x12 envelope and give copies to designated adults.

Name: _____ Social Security No.: _____

Date of Birth: _____ Vital Medical Information: _____

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Date of Birth: _____ Vital Medical Information: _____

EMPLOYMENT / SCHOOL / OTHER INFORMATION

Employment Address: _____ School Address.: _____

Telephone Number: _____ Telephone Number: _____

Evacuation Site: _____ Evacuation Site: _____

Employment Address: _____ School Address.: _____

Telephone Number: _____ Telephone Number: _____

Evacuation Site: _____ Evacuation Site: _____

Employment Address: _____ School Address.: _____

Telephone Number: _____ Telephone Number: _____

Evacuation Site: _____ Evacuation Site: _____

Other Address: _____ Other Address: _____

Telephone Number: _____ Telephone Number: _____

OUT-OF-TOWN INFORMATION

Contact Name: _____ Telephone Number: _____

Email: _____ Cell Number: _____

Contact Name: _____ Telephone Number: _____

Email: _____ Cell Number: _____

MEDICAL AND OTHER INFORMATION

Doctor's Name: _____ Telephone: _____ Policy No. _____

Dentist's Name: _____ Telephone: _____ Policy No. _____

Pharmacist's Name: _____ Telephone: _____ Policy No. _____

Medical Insurance *Carrier*: _____ Telephone: _____ Policy No. _____

Homeowners Insurance *Carrier*: _____ Telephone: _____ Policy No. _____

Veterinarian/Kennel *Name*: _____ Telephone: _____ Location: _____

Print and complete information, filling in all direct local access emergency telephone numbers and websites, store in SAFEID Online Album then post in visible areas.

Contact

TELEPHONE

WEBSITE

Local Police:

Sheriff's Department:

State Police:

F.B.I.:

Fire Department:

Dept. of Homeland Security:

Power Company:

Gas Company:

Red Cross:

State Emergency Mgmt:

Federal Emergency Mgmt:

City Offices:

County Offices:

State Offices:

Hospital:

Medical Center:

Insurance Company:

Pharmacy:

Veterinarian:

Recommended items to include for possible emergencies: water, non-perishable food, battery powered or hand cranked radio, flashlight with extra batteries, first aid kit and books, whistle, dust masks, plastic sheeting, duck tape, moist towelettes, garbage bags, personal sanitation bags, basic tools, can opener, mess kits, water proof matches, sleeping bags or warm blankets, books, games, puzzles, and important family documents,