

our
FAMILY
BINDER

our
FAMILY BINDER

EMERGENCY

checklist

Need to know:

Family meet up location
Evacuation plan

Basic Survival Supplies

- | | |
|---|---|
| <input type="checkbox"/> WATER - 3-5 gallons stored | <input type="checkbox"/> 72 HOUR SUPPLY OF FOOD |
| <input type="checkbox"/> FLASHLIGHT FOR EACH FAMILY MEMBER | <input type="checkbox"/> CANDLES/HEADLAMPS |
| <input type="checkbox"/> BATTERY POWERED RADIO | <input type="checkbox"/> POCKET KNIFE |
| <input type="checkbox"/> IMPORTANT PAPERS/DOCS | <input type="checkbox"/> SHOVEL |
| <input type="checkbox"/> SLEEPING BAG | <input type="checkbox"/> HATCHET/AXE |
| <input type="checkbox"/> PONCHO | <input type="checkbox"/> SEWING KIT |
| <input type="checkbox"/> 1 FULL OUTFIT FOR EACH FAMILY MEMBER | <input type="checkbox"/> DUCT TAPE |
| <input type="checkbox"/> EXTRA BATTERIES | <input type="checkbox"/> CASH - at least \$20 |

Sanitation

- | |
|---|
| <input type="checkbox"/> TOILET PAPER + TISSUES |
| <input type="checkbox"/> COMB/BRUSH |
| <input type="checkbox"/> TOOTHBRUSH/TOOTHPASTE |
| <input type="checkbox"/> HAND SANITIZER + SOAP |
| <input type="checkbox"/> FIRST AID KIT |
| <input type="checkbox"/> TRASH BAGS |

Extra Stuff

- | |
|--|
| <input type="checkbox"/> SUNSCREEN |
| <input type="checkbox"/> PET FOOD/SUPPLIES |
| <input type="checkbox"/> CAMPING GEAR |
| <input type="checkbox"/> KIDS GO KIT |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

EMERGENCY

FAMILY MEMBER NAMES & DOB:

_____	_____
_____	_____
_____	_____

FAMILY MEETING PLACE: _____
(sudden emergency)

FAMILY MEETING PLACE: _____
(our neighborhood)

FAMILY MEETING PLACE: _____
(regional if we can't get home)

OUT OF TOWN CONTACT:

NAME: _____

PHONE #: _____

EMAIL: _____

FIRE DEPT: _____

POLICE: _____

AMBULANCE: _____

POISON CONTROL: _____

DOCTOR: _____

HOSPITAL: _____

DENTIST: _____

VETERINARIAN/KENNEL: _____

SAFETY

- ☐ SMOKE ALARMS - one in every room/floor
- ☐ CARBON MONOXIDE DETECTORS- one on every floor
- ☐ FIRE EXTINGUISHERS - one on every floor
- ☐ ALARM SYSTEM -know how to use it
- ☐ LIGHTBULBS - replace and have extras on hand
- ☐ ELECTRICAL OUTLETS - not overloaded
- ☐ ELECTRICAL CORDS - no fraying
- ☐ WINDOWS- open easily from the inside
- ☐ WATER HEATER- check on annual basis
- ☐ 72 HOUR KITS - one for every family member
- ☐ PRESCRIPTION MEDICATION -extra meds on hand
- ☐ FAMILY EMERGENCY PLAN - plan and practice
- ☐ FAMILY BINDER - all important documents
- ☐ FIRST AID KIT - complete kit & have a designated place
- ☐ EXTRA KEYS TO NEIGHBORS/FRIENDS
- ☐ EMERGENCY PHONE #'S - keep up to date & visible

SCHOOL

SCHOOL NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

PRINCIPAL: _____

NURSE: _____

BUS #: _____

BUS DRIVER: _____

BUS PHONE NUMBER: _____

CHILD NAME: _____

TEACHER: _____

CLASSROOM: _____

ROOM NUMBER: _____

CHILD NAME: _____

TEACHER: _____

CLASSROOM: _____

ROOM NUMBER: _____

CHILD NAME: _____

TEACHER: _____

CLASSROOM: _____

ROOM NUMBER: _____

HEALTH

HEALTH INSURANCE PROVIDER: _____

POLICY NUMBER: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

PRIMARY CARE DOCTOR: _____

ADDRESS: _____

PHONE NUMBER: _____

PEDIATRICIAN: _____

ADDRESS: _____

PHONE NUMBER: _____

OB/GYN: _____

ADDRESS: _____

PHONE NUMBER: _____

DENTAL INSURANCE PROVIDER: _____

POLICY NUMBER: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

DENTIST: _____

ADDRESS: _____

PHONE NUMBER: _____

INSURANCE

AUTO PROVIDER: _____

POLICY NUMBER: _____

MAILING ADDRESS: _____

AGENT: _____

PHONE NUMBER: _____

LIFE PROVIDER: _____

POLICY NUMBER: _____

MAILING ADDRESS: _____

AGENT: _____

PHONE NUMBER: _____

HOMEOWNERS PROVIDER: _____

POLICY NUMBER: _____

MAILING ADDRESS: _____

AGENT: _____

PHONE NUMBER: _____

OTHER PROVIDER: _____

POLICY NUMBER: _____

MAILING ADDRESS: _____

AGENT: _____

PHONE NUMBER: _____

RETIREMENT

401K: _____

ACCOUNT NUMBER: _____

MAILING ADDRESS: _____

PROVIDER: _____

PHONE NUMBER: _____

LIFE INSURANCE: _____

POLICY NUMBER: _____

MAILING ADDRESS: _____

AGENT: _____

PHONE NUMBER: _____

IRA: _____

ACCOUNT NUMBER: _____

MAILING ADDRESS: _____

BROKER: _____

PHONE NUMBER: _____

SAVINGS ACCOUNT: _____

ACCOUNT NUMBER: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

UTILITIES

CABLE: _____

Account Number: _____

Phone Number: _____

ELECTRIC: _____

Account Number: _____

Phone Number: _____

GAS: _____

Account Number: _____

Phone Number: _____

HOUSEKEEPING: _____

Account Number: _____

Phone Number: _____

INTERNET: _____

Account Number: _____

Phone Number: _____

LAWNCARE: _____

Account Number: _____

Phone Number: _____

PHONE: _____

Account Number: _____

Phone Number: _____

TRASH: _____

Account Number: _____

Phone Number: _____

WATER: _____

Account Number: _____

Phone Number: _____

BABYSITTER

EMERGENCY: CALL 911

PARENTS' NAMES: _____

ADDRESS: _____

DAD CELL PHONE NUMBER: _____

MOM CELL PHONE NUMBER: _____

EMERGENCY CONTACT: _____

CONTACT PHONE NUMBER: _____

BUS PHONE NUMBER: _____

CHILD NAME: _____

AGE: _____

CHILD NAME: _____

AGE: _____

CHILD NAME: _____

AGE: _____

MEALS:	RULES:
_____	_____
_____	_____
_____	_____

BEDTIME ROUTINE:	NOTES:
_____	_____
_____	_____
_____	_____