

# EMERGENCY REFERENCE CARD

## Household Emergency Information

Contact information for household members. Please fill this section in and keep it up to date.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Business or School Evacuation Location: \_\_\_\_\_

Medical Information: \_\_\_\_\_

Work, School or Other Address: \_\_\_\_\_

& Telephone Numbers: \_\_\_\_\_

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Name: \_\_\_\_\_

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& Telephone Numbers: \_\_\_\_\_

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Name: \_\_\_\_\_

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Medical Information	Name:	Telephone #	Policy #
Doctor(s):			
Other:			
Pharmacist:			
Medical Insurance:			
Home Owners/Rental Insurance			

Fire House #: \_\_\_\_\_ Fire House Phone #: \_\_\_\_\_

Police Precinct #: \_\_\_\_\_ Police Precinct Phone #: \_\_\_\_\_

**Household Disaster Plan**

Home Meeting Address: \_\_\_\_\_

Home Meeting Phone #: \_\_\_\_\_

Neighborhood Meeting Address: \_\_\_\_\_

Neighborhood Meeting Phone #: \_\_\_\_\_

**Household Disaster Plan**

Home Meeting Address: \_\_\_\_\_

Home Meeting Phone #: \_\_\_\_\_

Neighborhood Meeting Address: \_\_\_\_\_

Neighborhood Meeting Phone #: \_\_\_\_\_

FOLD HERE

Out of State Contact Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Other Information: \_\_\_\_\_

FOLD HERE

Out of State Contact Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Other Information: \_\_\_\_\_