



FAMILY DISASTER PLAN



well baby center[®]
YOUR PARENTING COMMUNITY

PAGE 1: IMPORTANT FAMILY RECORDS

**PAGE 2: EMERGENCY FAMILY MEDICAL &
IDENTIFICATION INFORMATION**

PAGE 3: EMERGENCY NUMBERS & INFORMATION

**IN THE EVENT OF A LIFE THREATENING EMERGENCY
DIAL 911**



Emergency Telephone Numbers:

In a life-threatening emergency, dial 911.

Police (home):

Police (work):

Police (school):

Fire:

Sheriff:

Important Medical Numbers:

Doctor

Name:

Phone:

Doctor

Name:

Phone:

Pediatrician

Name:

Phone:

Medical Equipment:

Name:

Phone:

Account Number:

Pharmacy:

Name:

Phone:

Hospital:

Name:

Phone:

Important Insurance Numbers:

Home:

Company:

Number:

Policy Number:

Auto:

Company:

Number:

Policy Number:

Health:

Company:

Number:

Policy Number:

Attach a copy of at least the first page of each policy.

Important Family and Friends:

Name:

Home:

Work:

Name:

Home:

Work:

Name:

Home:

Work:

Name:

Home:

Work:

Name:

Home:

Work:



Family Member 1

Name:

Date of Birth:

Driver's License Number:

Organ Donor: Yes No

Allergies:

Medications:

Medical Conditions & History:

Family Member 2

Name:

Date of Birth:

Driver's License Number:

Organ Donor: Yes No

Allergies:

Medications:

Medical Conditions & History:

Family Member 3

Name:

Date of Birth:

Driver's License Number:

Organ Donor: Yes No

Allergies:

Medications:

Medical Conditions & History:

Family Member 4

Name:

Date of Birth:

Driver's License Number:

Organ Donor: Yes No

Allergies:

Medications:

Medical Conditions & History: