Emergency Plan for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family

**Family Members / Date of Birth / Telephone Numbers (including cell & work)**

**Home Address(es)**

**Nearest Relatives**

Name / Address / Telephone Numbers / Relationship

**Non-Relative Emergency Telephone Numbers (friends, neighbors, care-takers)**

Name / Relationship / Phone Number(s)

**Family Physicians (Include primary care, any specialists, dentists)**

Name Telephone, Type of Doctor/condition treated, name of patient

**Preferred Pharmacy. (would be useful to include a pharmacy that delivers)**

**Insurance Information**

*Contact Person/ Policy Provider / Policy Number, other relevant info. for all*

**Health Insurance Information:**

**Homeowners Insurance:**

**Life Insurance Information:**

**Other:**

**School/Child Care Contacts for each child. Office and guidance counselors.**

**Pet Information:**

**Vet:**

**Care Instructions:**

**Important Information Regarding Individual Family Members (Ie. allergies, medications, medical conditions, etc.)**

**Location of Important documents: Insurance cards and policies, birth certificates, car registrations, marriage certificates, deeds, wills, bank account and financial documents, social security cards, etc.**

**Other Important Phone Numbers:**

**Ensure access to cash on hand and credit cards.**

**Important Websites (have a list that can be accessed of these websites, usernames, and passwords)**

**Health Insurance**

**Bank Accounts**

**Medical Care Providers (virtual links)**

**Grocery/Delivery Accounts:**

**WIFI Passcode**

**Netflix/Amazon/Hulu Passwords**

**Other Important Information:**

**Alarm Company/Phone number/Alarm Codes/Passcodes:**

**Location of water shutoff in home and fuse box. Any other idiosyncrecies related to the home that should be known.**

**Emotional Support Contacts: discuss how to skype/facetime with relatives and manage fears and anxiety, when and how to seek help.**

**Landlord Information if home is rented.**

**Location of Fire Extinguisher and emergency supplies (first aid kit, flash lights, etc.)**

**Go over OTC medications (tylenol, ibuprofen, zyrtec, benadryl, etc. when to use, and dosage for each child.)**

**Location of important cleaning supplies and when to use.**

**Other Important Documents:**

**Authorization for Medical Treatment of Minors (see below)**

**AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)**

I do hereby state that I have legal custody of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Minors”). I grant my authorization and consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereafter “Designated Adult”) to administer general first aid treatment for any injuries and/or illnesses experienced by the Minors. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Parent Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Parent Name

**List Children’s Names, Dates of Birth, and any important medical information, including health conditions, prescriptions, and allergies below:**