

# EMERGENCY PREPAREDNESS PLAN

## Emergency Contact Numbers

Fire: \_\_\_\_\_

Police: \_\_\_\_\_

Ambulance: \_\_\_\_\_

## Emergency Contact Numbers

(note: you may have an easier time sending texts instead of calling)

Mom: \_\_\_\_\_

Dad: \_\_\_\_\_

Grandparents: \_\_\_\_\_

Out-of-state: \_\_\_\_\_

## Emergency Meeting Location

Phone Number: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

## Insurance Information

Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

## Medical Information

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

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

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

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Last Updated: \_\_\_\_\_