

<h2><u>In Case of Emergency</u></h2>	My name is: _____ Address: _____ City: _____ County: _____ State: __ Zip: _____ Phone: _____ Cell phone: _____ Work phone: _____ Email: _____ Other: _____
	<hr style="border-top: 1px dashed black;"/> Notify 1: (Name) _____ Address: _____ City: _____ St: _____ Zip: _____ Phones: _____ Cell phones: _____ Work phones: _____ Email: _____ <input type="checkbox"/> Remind this person their instructions are located: _____
	Notify 2: (Name): _____ Address: _____ City: _____ St: _____ Zip: _____ Phones: _____ Cell phones: _____ Work phones: _____ Email: _____ <input type="checkbox"/> Remind this person their instructions are located: _____

This is the **front side** a **larger** "Notify in Case of Emergency" card. **The next page is the backside of the card.** It'll **fold along the dotted lines** and wind up being about the size of a business card.

<h2><u>In Case of Emergency</u></h2>	My name is: _____ Address: _____ City: _____ County: _____ State: __ Zip: _____ Phone: _____ Cell phone: _____ Work phone: _____ Email: _____ Other: _____
	<hr style="border-top: 1px dashed black;"/> Notify 1: (Name): _____ Address: _____ City: _____ St: _____ Zip: _____ Phones: _____ Cell phones: _____ Work phones: _____ Email: _____ <input type="checkbox"/> Remind this person their instructions are located: _____
	Notify 2: (Name): _____ Address: _____ City: _____ St: _____ Zip: _____ Phones: _____ Cell phones: _____ Work phones: _____ Email: _____ <input type="checkbox"/> Remind this person their instructions are located: _____

Fold so that the "In Case of Emergency" panel winds up on the outside.

<p>Notify 3: (Name): _____</p> <p>Address: _____</p> <p>City: _____ St: _____ Zip: _____</p> <p>Phones: _____</p> <p>Cell phones: _____</p> <p>Work phones: _____</p> <p>Email: _____</p> <p><input type="checkbox"/> Remind this person their instructions are located:</p> <p>_____</p> <hr/> <p>Other instruction: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> I live alone and have pets or _____ at home.</p> <p><input type="checkbox"/> _____</p>	<p>Blood type: _____ Organ donor? ___ Age: _____</p> <p>Allergies: _____</p> <p>Medic Alert?: _____</p> <p>On medication for: _____</p> <p>_____</p> <p>Doctor: _____</p> <p>Address: _____</p> <p>City: _____ St: _____ Zip: _____</p> <p>Phones: _____</p> <hr/> <p>Other medical data: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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This is the **backside** of your larger “**Notify in Case of Emergency**” card. Though it folds up to about the size of a business card, there is more room for extra instruction if so needed. You may need this room for extra people to contact, additional instruction for personal needs or those of dependants, etc.

<p>Notify 3: (Name): _____</p> <p>Address: _____</p> <p>City: _____ St: _____ Zip: _____</p> <p>Phones: _____</p> <p>Cell phones: _____</p> <p>Work phones: _____</p> <p>Email: _____</p> <p><input type="checkbox"/> Remind this person their instructions are located:</p> <p>_____</p> <hr/> <p>Other instruction: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> I live alone and have pets or _____ at home.</p> <p><input type="checkbox"/> _____</p>	<p>Blood type: _____ Organ donor? ___ Age: _____</p> <p>Allergies: _____</p> <p>Medic Alert?: _____</p> <p>On medication for: _____</p> <p>_____</p> <p>Doctor: _____</p> <p>Address: _____</p> <p>City: _____ St: _____ Zip: _____</p> <p>Phones: _____</p> <hr/> <p>Other medical data: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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OPEN ONLY IN CASE OF EMERGENCY

If you are reading this letter, it must mean we are in the middle of an emergency situation and need your help.

The information contained here should provide you enough data for you to help us in our absence.

As we have no idea what kind of emergency has prompted you to open this envelope, please follow these instructions in the order listed. Above all, thank you for your help!

1. If you are trying to reach us and have no other way to find us, start by trying the following:

Name	Phone 1	Phone 2	Email

In addition to the above we have:

- A phone list posted by our phone. Our address book is located _____.
- We have an address book program on our computer. The software name is _____.
- Our computer password is: _____ . (← Note: Sensitive info.)

2. If you are securing care for us or our dependents for whatever reason, you'll need to know the following:

Medical ("Who For?" = Who is the family member that sees this doctor?)

Type	Name	Who For?	Phone 1	Phone 2	Email
Doc 1					
Doc 2					
Vet					

Professional

Type	Name	Phone 1	Phone 2	Email
Insurance				
Attorney				

3. If you are gathering our goods and gear to help is in an emergency evacuation, please bring the following:

- Our "Bugout Kit" is in a: (number & type of packs or bags) _____ and is located in: _____.
- Our "Bugout Kit" has a "Last Minute List" located in its: _____. This list will give more info.
- Our main Rendezvous Point is: _____.

4. This copy of this Emergency Letter is being left with: (name: _____). We may need the following specific help from you: _____

5. Attachments and Enclosures: (Attach or enclose only what is needed by this letter's recipient.)

- House key is enclosed, or is hidden: _____ Alarm code: _____
- Safe deposit box key is enclosed or is located: _____ Other key(s) enclosed: _____
- Custody Release for minor child Medical Release for minor child Special instructions for pet care
- "Find Me" sheet(s) "Important Contacts" page(s) "Family Member Data" sheet(s)
- Computer disk enclosed Computer password: _____ Other written instruction attached
- Legal documents attached: _____
- Please contact the people listed on the attached sheet and notify them of our emergency. ("Important Contacts" page.)

Note: Ask where this recipient stores this letter. Note the location on your "Notify in Case of Emergency" card.

“FIND ME”

Give this information sheet to certain people who may need to find you in an emergency. Examples are: Each of your children, babysitters, certain relatives, children’s teachers, volunteer group members, etc.

Our names: ←(Persons 1 & 2)

Address: Apt.#:

City: County: State: Zip:

Home Phone 1: Home Phone 2:

Cell Phone 1: Cell Phone 2 or Other:

Email 1: Email 2 (or website):

Neighbors to this address:	Phone 1	Phone 2 or Other

Person 1: Name: Place of Employment:

Title/unit/rank/section, etc.:

Address: Suite.#:

City: County: State: Zip:

Work Phone 1: Work Phone 2:

W. Cell Phone 1: W. Cell Phone 2 or Other:

Email 1: Email 2 (or website):

Pager: Fax:

Coworkers at this location:	Ext	Cell phone	Home Phone or Other

Person 2: Name: Place of Employment:

Title/unit/rank/section, etc.:

Address: Suite.#:

City: County: State: Zip:

Work Phone 1: Work Phone 2:

W. Cell Phone 1: W. Cell Phone 2 or Other:

Email 1: Email 2 (or website):

Pager: Fax:

Other contact info attached (if not living at the main address at top of this page, or if used for other person).

Coworkers at this location:	Ext	Cell phone	Home Phone or Other

Other General Contacts for Either Person

Name	Phone 1	Phone 2 or Other

“Ext” = Phone Extension at the work phone number. **Hint:** Use a copy of this form to give vacation info to others.

Attachments: “Important Contacts – Emergency Contact” “Important Contacts – General Contact”
 Other “Find Me” pages for or from other family members and your “Emergency Contact.”

“FIND ME”

FAMILY MEMBER DATA-- SEVEN -- PETS			
Pet's Name:		We own ____ # of pets. Therefore, this page is # ____ of ____ total.	
Fill this out now with your regular or permanent base information:			
My name is:			
Our regular Home Address is:			
City:	County:	State:	Zip:
Phone 1:	Cell Phone 1:	Email 1:	
Phone 2:	Cell Phone 2:	Email 2:	
Fill out this section when you submit this info. You may have temporarily relocated.			
Today's date is: ___/___/___ Current Address is:			
City:	County:	State:	Zip:
Phone 1:	Cell Phone 1:	Email 1:	
Phone 2:	Cell Phone 2:	Email 2:	
Other:			
This current address and contact info is: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary until ___/___/___ or _____			
PET INFO (Fill this out now, and fill out a new sheet for each pet)			
Pet's Name:			
Species (Dog, Cat, etc.):		Breed (Type):	
Sex:	Height:	Length:	Weight: Date of birth: ___/___/___
Colorings / Markings:			
Distinctive identifiers (scars, etc.):			
Does this animal wear a collar? <input type="checkbox"/> Y <input type="checkbox"/> N Describe collar:			
Is there an "owner's info tag" on this animal? <input type="checkbox"/> Y <input type="checkbox"/> N Wording on tag:			
Implanted locator / ID chip? <input type="checkbox"/> Y <input type="checkbox"/> N #: _____ Tattoo? <input type="checkbox"/> Y <input type="checkbox"/> N #: _____			
Does this animal bite? <input type="checkbox"/> Y <input type="checkbox"/> N Behavioral problems or peculiar habits:			

Responds to voice commands of:			
Spayed or Neutered? <input type="checkbox"/> Y <input type="checkbox"/> N Current rabies tag #: _____ Vaccination month: _____			
Regular flea treatment? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, brand: _____			
History of medical problems/conditions/care:			
----- <input type="checkbox"/> More info attached			
Medications:			
----- Does this pet have a medic alert tag? <input type="checkbox"/> Y <input type="checkbox"/> N			
Dietary, care, and feeding instructions:			

Regular Veterinarian:		Name of Clinic:	
Address:			
City:	County:	State:	Zip:
Phone 1:	Cell Phone 1:	Email 1:	
Phone 2:	Cell Phone 2:	Emergency #:	
Website:	Pager:	Fax:	
<input type="checkbox"/> Proof of vaccinations <input type="checkbox"/> Copies of medical records <input type="checkbox"/> Photos: Face, side, angle, & with owners Attachments: <input type="checkbox"/> Photocopies of tags <input type="checkbox"/> Copy of veterinary insurance or memberships <input type="checkbox"/> Copy of pedigree papers <input type="checkbox"/> Contact info for local animal control office <input type="checkbox"/> Contact info for local Humane Society office			
Store copies of this form: <input type="checkbox"/> Bugout Kit Info Pack <input type="checkbox"/> Taped to pet leash or collar <input type="checkbox"/> Taped to pet's carrier <input type="checkbox"/> In vehicle			
FAMILY MEMBER DATA-- SEVEN --- PETS			