

MY EMERGENCY MEDICAL INFORMATION PACK

NAME

DATE



**A Family Directed Resource Center
for Individuals with Disabilities
and their Families**

PERSONAL INFORMATION

Name

Address

City

State

Zip

Home Phone

Cell Phone

Work Phone

Date of Birth

S.S. Number

Height

Weight

Eye Color

Hair Color

Scars or Identifying Marks

CURRENT
PICTURE

EMERGENCY CONTACTS

NAME

RELATIONSHIP

PHONE

INSURANCE INFORMATION

	PRIMARY	SECONDARY	OTHER
NAME			
POLICY NUMBER			
POLICY HOLDERS NAME			
Additional Information			

PHYSICIANS

NAME (Specialty)	ADDRESS	PHONE	PREFERRED HOSPITAL
Primary			

PHARMACY
(Obtain a Current Medication Printout Once a Month)

NAME	ADDRESS	PHONE

CURRENT MEDICAL CONDITIONS / DIAGNOSES

CURRENT MEDICATIONS

MEDICATION NAME	PRESCRIBED BY	REASON PRESCRIBED

DURABLE MEDICAL EQUIPMENT I USE

EQUIPMENT	SERIAL NUMBER

ALLERGY INFORMATION

ALLERGY	REACTION

COMMUNICATION

How I Communicate

Speaking

Sign Language

Picture Boards

Written Words

Other:

IDENTIFICATION CARRIED OR WORN

Driver's License

State Issued I.D.

Medical Alert

Clothing Tags

School I.D. Card

Tracking Monitor

Other:

SENSORY • MEDICAL • DIETARY ISSUES & REQUIREMENTS

LEGAL STATUS

Minor

Interdicted

Competent Major

IN THE CASE OF AN EMERGENCY, I WILL...

EMERGENCY TYPE	PLAN A	PLAN B
HURRICANE		
TORNADO		
FIRE		
FLOOD		
EARTHQUAKE		
WINTERSTORM		

FAMILY EMERGENCY PLAN OF ACTION

NAME

ADDRESS

DATE



Supporting ALL Disabilities

(337) 436-2570 • (800) 894-6558

www.fhfsvla.org

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OUR FAMILY MEMBERS

NAME	RELATIONSHIP	PHONE	PHONE

OUR PETS

NAME	TYPE	COLOR	REGISTRATION #

WHAT COULD HAPPEN IN OUR AREA

These are the types of disasters that could affect our home and family.

HURRICANE	FIRE	TORNADO

OUR ESCAPE ROUTE FROM OUR HOME

Insert sketch of floorplan and mark escape routes.

Add escape route information here.

IF WE ARE SEPERATED DURING AN EMERGENCY WE WILL MEET HERE

Select one location near your home for family members to meet during an emergency.

These are the directions to get there from our home.

IF WE CANNOT RETURN TO OUR HOME or NEIGHBORHOOD WE WILL MEET HERE

Select one location in your community for family members to meet if you have to evacuate.

These are the directions to get there from our home.

IF WE BECOME SEPERATED AND CAN'T CONTACT EACH OTHER, WE WILL CONTACT THIS PERSON

Select a family member or close friend who does not live in your immediate area to be your emergency contact person.

HOME PHONE

CELL PHONE

WORK PHONE

IF OUR CHILD / CHILDREN ARE AT SCHOOL OR DAYCARE, THEY WILL BE EVACUATED TO:

NAME OF CHILD	EVACUATION SITE ADDRESS	EVACUATE SITE PHONE

OUR PLAN FOR PEOPLE IN OUR HOME WITH A DISABILITY OR SPECIAL NEEDS IS:

Person's Name	Plan

