

BE PREPARED FOR EMERGENCIES



EMERGENCY CHECKLISTS



Personal Emergency Checklist

Date _____

Self

Full Legal Name _____ Cell phone _____

Social Security # _____ Birth Date _____

Driver's License # _____ Passport # _____

Primary care physician name & phone _____

Health insurance plan name & ID # _____

Blood type _____ Allergies _____

Medications and dosage _____

Dentist name & phone _____

Employer & address _____ Work phone _____

HR contact name & phone _____

Supervisor name & phone _____

Spouse

Full legal name _____ Cell phone _____

Address _____

Social security _____ Birth date _____

Driver's license # _____ Passport # _____

Primary care physician name & phone _____

Health insurance plan name & ID # _____

Blood type _____ Allergies _____

Medications and dosage _____

Dentist name & phone _____

Employer & address _____ Work phone _____

HR contact name & phone _____

Supervisor name & phone _____

Emergency Contact List

Name _____ Home phone _____ Cell phone _____

Name _____ Home phone _____ Cell phone _____

Name _____ Home phone _____ Cell phone _____

Personal Emergency Checklist

Children

Name _____ Social Security # _____ Grade _____

School name _____ School phone _____ Teacher _____

Health insurance plan & ID # _____

Medications & dosage _____ Passport # _____

Allergies _____ Blood type _____

Name _____ Social Security # _____ Grade _____

School name _____ School phone _____ Teacher _____

Health insurance plan & ID # _____

Medications & dosage _____ Passport # _____

Allergies _____ Blood type _____

Name _____ Social Security # _____ Grade _____

School name _____ School phone _____ Teacher _____

Health insurance plan & ID # _____

Medications & dosage _____ Passport # _____

Allergies _____ Blood type _____

Name _____ Social Security # _____ Grade _____

School name _____ School phone _____ Teacher _____

Health insurance plan & ID # _____

Medications & dosage _____ Passport # _____

Allergies _____ Blood type _____

Pediatrician name & phone _____

Address _____

Dentist name & phone _____

Address _____

Specialist name & phone _____

Address _____

Daycare provider & phone _____

Address _____

Pets

Veterinarian name & phone _____

Pet Name _____

Special considerations _____

Pet Name _____

Special considerations _____

Financial *Emergency Checklist*

Date _____

Insurance

Protection

Insurance company name _____

Address _____ Phone _____

Life Insurance policy # _____ Disability policy # _____

Long-term care policy # _____ Other _____

Household

Insurance company name _____ Agent _____

Address _____ Phone _____

Homeowner policy # _____ Auto policy # _____

Umbrella policy # _____ Other _____

Financial

Financial professional name _____ Phone _____

Firm name & address _____

Account 1 _____ Account 2 _____

Account 3 _____ Account 4 _____

Financial professional name _____ Phone _____

Firm name & address _____

Account 1 _____ Account 2 _____

Account 3 _____ Account 4 _____

Phone _____

Financial Professional name _____

Firm name & address _____

Account 1 _____ Account 2 _____

Account 3 _____ Account 4 _____

Other professionals

Attorney name _____ Phone _____

Firm name & address _____

Tax professional name _____ Phone _____

Firm name & address _____

Other _____

Financial *Emergency Checklist*

Bank

Bank name _____	Bank name _____
Branch address _____	Branch address _____
Phone _____	Phone _____
Checking # _____	Checking # _____
Savings # _____	Savings # _____
ATM card # _____	ATM card # _____
Certificates of deposit _____	Certificates of deposit _____
Amount _____ Interest rate _____ Maturity _____	Amount _____ Interest rate _____ Maturity _____
Amount _____ Interest rate _____ Maturity _____	Amount _____ Interest rate _____ Maturity _____

Loans and Credit

Mortgage holder _____	Second mortgage holder _____	Home equity loan holder _____
_____	_____	_____
Address _____	Address _____	Address _____
_____	_____	_____
Phone _____	Phone _____	Phone _____
Account # _____	Account # _____	Account # _____
Interest rate _____	Interest rate _____	Interest rate _____
Car loan _____	Car loan _____	Miscellaneous loan _____
Holder _____	Holder _____	Holder _____
Address _____	Address _____	Address _____
_____	_____	_____
Phone _____	Phone _____	Phone _____
Account # _____	Account # _____	Account # _____
Interest rate _____	Interest rate _____	Interest rate _____
Credit card _____	Credit card _____	Credit card _____
Billing Address _____	Billing Address _____	Billing Address _____
_____	_____	_____
Phone _____	Phone _____	Phone _____
Account # _____	Account # _____	Account # _____
Interest rate _____	Interest rate _____	Interest rate _____

Emergency Information



IN CASE OF EMERGENCY: Dial 911

Emergency numbers

Local police _____

Local fire department _____

Local hospital _____

Household emergency

Plumber _____ Phone _____

Electrician _____ Phone _____

Heating provider _____ Phone _____

Telephone company _____ Phone _____

Electric company _____ Phone _____

Cable company _____ Phone _____

Town Hall _____ Phone _____

AAA/Towing _____ Phone _____

Other _____ Phone _____

Other _____ Phone _____

Other _____ Phone _____

Nearest neighbors

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Government organizations

SOCIAL SECURITY ADMINISTRATION

1-800-772-1213

www.ssa.gov

IRS

1-800-829-1040

www.irs.gov

FEMA (Federal Emergency Management Association)

1-800-621-FEMA (3362)

www.fema.gov



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