

# Emergency Information File Folder

This Residence Address: \_\_\_\_\_

Names of Adult Resident(s):  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** List each adult on a **Detailed Information Form:Adult**, and place form in folder

Number of Minor Children in household: \_\_\_\_\_

**NOTE:** List each child on the **Detailed Information Form:Child**, and place form in folder

## General Medical Information

NOTE: Specific medical information should be provided on the Detailed Information Forms contained in this folder.

Family Physician: \_\_\_\_\_

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

Pharmacy of Choice: \_\_\_\_\_

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

Hospital of Choice: \_\_\_\_\_ Telephone: \_\_\_\_\_

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



## Other Friend/Family Member Emergency Contacts

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

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

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

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

## Household Pets

List type of animal, name, and description if necessary

\_\_\_\_\_

\_\_\_\_\_

Vet Name/Address/Phone \_\_\_\_\_

\_\_\_\_\_

**Relevant medical records, health insurance information, etc.  
should be stored in this folder in case of pandemic emergency.**



**BJA** Bureau of  
Justice Assistance

