

# EMERGENCY INFORMATION FILE FOLDER

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

Name 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 a **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: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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

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

## OTHER FRIEND/FAMILY MEMBER EMERGENCY CONTACTS

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

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

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

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

## HOUSEHOLD PETS

List type of animal, name, and description if necessary

\_\_\_\_\_  
\_\_\_\_\_

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

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

**RELEVANT MEDICAL RECORDS, HEALTH INSURANCE INFORMATION, ETC.  
SHOULD BE STORED IN THIS FOLDER IN CASE OF PANDEMIC EMERGENCY.**