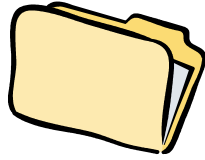


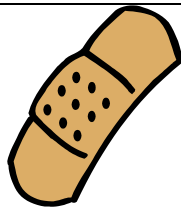
	Important Telephone Numbers And Information
Emergency: <i>In case of serious emergency</i> CALL 911	<u>Insurance Information:</u> Health Insurance
	Company:
Police Department:	Phone Number:
Fire Department:	Policy Number:
Consulate of my country:	Car Insurance
<u>Family/Important Contacts in the</u>	Company:
<u>U.S.</u>	
Name:	Phone:
Home Phone:	Policy Number:
Cell Phone:	Car 1:
Work:	VIN #/Plate #:
Relationship:	Car 2:
Name:	VIN #/Plate #:
Home Phone:	Home Insurance
Cell Phone:	Company:
Work:	Phone:
Relationship:	Policy Number:
<u>Family/Important Contacts in my</u>	<u>Important Medical Information</u>
<u>Country</u>	
Name:	Doctor Name:
Home Phone:	Phone:
Cell Phone:	Dentist Name:
Work:	Phone:
Relationship:	Pediatrician's Name:
Name:	Phone:
Home Phone:	Hospital:
Cell Phone:	Phone:
Work:	Pharmacy:
Relationship:	Phone:



Important Family Records

Use this form in order to have all important information in the same place. Put originals of each document in a safe place (e.g. lock box).

<u>Important Work Numbers</u>	<u>Important School/Daycare Numbers</u>
Employer #1	School #1
Name:	Name of Child:
Phone:	Name of School:
Supervisor:	Name of Teacher:
Date Started:	Phone:
Union Rep:	School ID Number:
Phone:	Name of Child:
Employer #1	Name of Teacher:
Name:	School ID Number:
Phone:	School #2
Supervisor:	Name of Child:
Date Started:	Name of School:
Union Rep:	Name of Teacher:
Phone:	Phone:
<u>Important Information about your Vehicles</u>	School ID Number:
Vehicle 1 Make/Model:	Name of Child:
Plate #:	Name of Teacher:
VIN/ID #:	School ID Number:
Car Loan:	<u>Social Security #/ITIN</u>
Insurance:	Name:
Vehicle 2 Make/Model:	Number:
Plate #:	Name:
VIN/ID #:	Number:
Car Loan:	Name:
Insurance:	Number:
<i>Attach a copy of each vehicles registration and insurance and a photograph of each vehicle.</i>	<i>Attach a copy of each social security card</i>



Family Medical Information and Identification

Attach a copy of birth certificates, records of vaccination, and photos of each family member.

Family Member #1

Name:

Date of Birth:

Organ Donor:

Yes

No

Allergies:

Medications:

Medical conditions & Medical History:

Family Member #2

Name:

Date of Birth:

Organ Donor:

Yes

No

Allergies:

Medications:

Medical conditions & Medical History:

Family Member #3

Name:

Date of Birth:

Organ Donor:

Yes

No

Allergies:

Medications:

Medical conditions & Medical History:

Family Member #4

Name:

Date of Birth:

Organ Donor:

Yes

No

Allergies:

Medications:

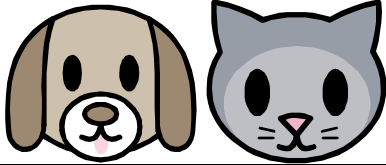
Medical conditions & Medical History:

<u>Family Member #5</u>	
Name:	
Date of Birth:	Organ Donor: Yes No
Allergies:	
Medications:	
Medical conditions & Medical History:	
<u>Family Member #6</u>	
Name:	
Date of Birth:	Organ Donor: Yes No
Allergies:	
Medications:	
Medical conditions & Medical History:	
<u>Family Member #7</u>	
Name:	
Date of Birth:	Organ Donor: Yes No
Allergies:	
Medications:	
Medical conditions & Medical History:	
<u>Persons who CAN pick up my children from school/day care</u>	<u>Persons who CANNOT pick up my children</u>
Name:	Name:
Date of Birth:	Name:
Home Phone:	
Cell Phone:	
Work :	
Relationship:	Name:
Name:	*Please inform personnel at your children's school that the persons listed in these sections have permission to pick up your children or do not have permission. *If there is a restraining order, attach a copy of this order and file another copy with the school and/or day care of your children.
Date of Birth:	
Home Phone:	
Cell Phone:	
Work :	
Relationship:	



**Contacts for Legal Problems,
Identity Theft, and Fraud**
*For your security DO NOT NOTE the
numbers of your credit cards or account
numbers on this document.*

<u>Credit Card Companies</u>	<u>Contacts for your Financial Affairs</u>
Card #1	Checking Account #1
Company:	Bank:
Toll-Free Number:	Toll-Free Number:
Names on Card:	Persons with Access:
Card #2	Checking Account #2
Company:	Bank:
Toll-Free Number:	Toll-Free Number:
Names on Card:	Persons with Access:
Card #3	Savings Account #1
Company:	Bank:
Toll-Free Number:	Toll-Free Number:
Names on Card:	Persons with Access:
<i>Report theft of credit cards IMMEDIATELY!</i>	Savings Account #2
	Bank:
	Toll-Free Number:
	Persons with Access:
<u>Public Agency Contacts</u>	<u>Civil Legal Assistance</u>
Domestic Violence Help:	Legal Aid:
Public Prosecutor:	Immigration Attorney:
Report Child Abuse:	Other Attorney:



Emergency Care for Pets

Pet #1

Name:

Date of Birth:

Breed:

Description:

Registration Number:

Medications:

Medical Problems:

Pet #1

Name:

Date of Birth:

Breed:

Description:

Registration Number:

Medications:

Medical Problems:

Veterinarian

Emergency Housing for Pets

Name:

Name:

Phone:

Phone:

Address:

Address:

Emergency Phone:

Attach a photograph of each pet!