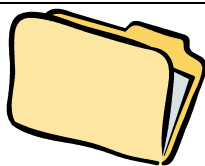




	<b>Important Telephone Numbers And Information</b>
<b>Emergency: <i>In case of serious emergency</i> CALL 911</b>	<b><u>Insurance Information:</u></b> <b>Health Insurance</b>
Police Department:	Company:
Fire Department:	Phone Number:
Consulate of my country:	Policy Number:
<b><u>Family/Important Contacts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




## Important Family Records

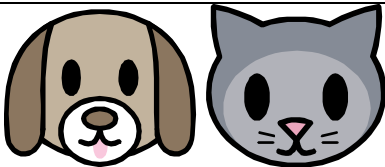
Use this form in order to have all important information in the same place. Put originals of each document in a safe place (e.g. lock box).

<u>Important Work Numbers</u>	<u>Important School/Daycare Numbers</u>
<b>Employer #1</b>	<b>School #1</b>
Name:	<b>Name of Child:</b>
Phone:	Name of School:
Supervisor:	Name of Teacher:
Date Started:	Phone:
Union Rep:	School ID Number:
Phone:	<b>Name of Child:</b>
<b>Employer #1</b>	Name of Teacher:
Name:	School ID Number:
Phone:	<b>School #2</b>
Supervisor:	<b>Name of Child:</b>
Date Started:	Name of School:
Union Rep:	Name of Teacher:
Phone:	Phone:
<b><u>Important Information about your Vehicles</u></b>	School ID Number:
<b>Vehicle 1 Make/Model:</b>	<b>Name of Child:</b>
Plate #:	Name of Teacher:
VIN/ID #:	School ID Number:
Car Loan:	<b><u>Social Security #/ITIN</u></b>
Insurance:	<b>Name:</b>
<b>Vehicle 2 Make/Model:</b>	Number:
Plate #:	<b>Name:</b>
VIN/ID #:	Number:
Car Loan:	<b>Name:</b>
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>

<b>Family Member #1</b>	
Name:	
Date of Birth:	Organ Donor: <b>Yes</b> <b>No</b>
Allergies:	
Medications:	
Medical conditions & Medical History:	
<b>Family Member #2</b>	
Name:	
Date of Birth:	Organ Donor: <b>Yes</b> <b>No</b>
Allergies:	
Medications:	
Medical conditions & Medical History:	
<b>Family Member #3</b>	
Name:	
Date of Birth:	Organ Donor: <b>Yes</b> <b>No</b>
Allergies:	
Medications:	
Medical conditions & Medical History:	
<b>Family Member #4</b>	
Name:	
Date of Birth:	Organ Donor: <b>Yes</b> <b>No</b>
Allergies:	
Medications/Medical conditions and history:	
<b>Family Member #5</b>	
Name:	
Date of Birth:	Organ Donor: <b>Yes</b> <b>No</b>
Allergies:	

Medications:	
Medical conditions & Medical History:	
<b><u>Family Member #6</u></b>	
Name:	
Date of Birth:	Organ Donor: <b>Yes</b> <b>No</b>
Allergies:	
Medications:	
Medical conditions & Medical History:	
<b><u>Family Member #7</u></b>	
Name:	
Date of Birth:	Organ Donor: <b>Yes</b> <b>No</b>
Allergies:	
Medications:	
Medical conditions & Medical History:	
<b><u>Persons who CAN pick up my children from school/day care</u></b>	<b><u>Persons who CANNOT pick up my children</u></b>
<b>Name:</b>	Name:
Date of Birth:	
Home Phone:	Name:
Cell Phone:	
Work :	Name:
Relationship:	
<b>Name:</b>	*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:	
	<b>Contacts for Legal Problems, Identity Theft, and Fraud</b> <i>For your security DO NOT NOTE the numbers of your credit cards or account numbers on this document.</i>

<u>Credit Card Companies</u>	<u>Contacts for your Financial Affairs</u>
<b>Card #1</b>	<b>Checking Account #1</b>
Company:	Bank:
Toll-Free Number:	Toll-Free Number:
Names on Card:	Persons with Access:
<b>Card #2</b>	<b>Checking Account #2</b>
Company:	Bank:
Toll-Free Number:	Toll-Free Number:
Names on Card:	Persons with Access:
<b>Card #3</b>	<b>Savings Account #1</b>
Company:	Bank:
Toll-Free Number:	Toll-Free Number:
Names on Card:	Persons with Access:
<b><i>Report theft of credit cards IMMEDIATELY!</i></b>	<b>Savings Account #2</b>
	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

<b>Pet #1</b>
Name:
Date of Birth:
Breed:

Description:	
Registration Number:	
Medications:	
Medical Problems:	
<b>Pet #1</b>	
Name:	
Date of Birth:	
Breed:	
Description:	
Registration Number:	
Medications:	
Medical Problems:	
<b><u>Veterinarian</u></b>	<b><u>Emergency Housing for Pets</u></b>
Name:	Name:
Phone:	Phone:
Address:	Address:
Emergency Phone:	
<i>Attach a photograph of each pet!</i>	