Health Insurance Company: Police Department: Phone Number: Fire Department: Policy Number: Consulate of my country: Car Insurance Family/Important Contacts in the U.S. Name: Phone: Policy Number: Cell Phone: Car 1: Work: VIN #/Plate #: Relationship: Car 2: Name: Home Phone: Cell Phone: Phone: Relationship: Policy Number: Family/Important Contacts in my Country Important Medical Information  Name: Home Phone: Cell Phone: Ce		Important Telephone Numbers
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Police Department: Prolice	Emergency: In case of serious emergency CALL	Insurance Information:
Police Department: Price Department: Policy Number: Policy Number: Policy Number: Policy Number: Policy Number: Pamily/Important Contacts in the U.S. Policy Number: Phone: Ph	911	Health Insurance
Fire Department:  Consulate of my country:  Family/Important Contacts in the U.S.  Name:  Home Phone:  Cell Phone:  Name:  Home Phone:  Car 1:  Work:  Work:  Name:  Home Phone:  Car 2:  Name:  Home Phone:  Cell Phone:  Cell Phone:  Cell Phone:  Company:  Work:  Name:  Home Insurance  Company:  Work:  Phone:  Relationship:  Policy Number:  Family/Important Contacts in my Country  Important Medical Information  Name:  Doctor Name:  Home Phone:  Cell Phone:  Phone:  Phone:  Phone:  Relationship:  Pediatrician's Name:  Name:  Name:  Phone:  Relationship:  Pediatrician's Name:  Name:  Name:  Phone:  Phone:  Relationship:  Pediatrician's Name:  Name:  Home Phone:  Phone:  Phone:  Name:  Phone:  Phon		Company:
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Home Phone:  Cell Phone:  Phone:  Pharmacy:	Relationship:	Pediatrician's Name:
Cell Phone:  Phone:  Phone:  Pharmacy:	Name:	Phone:
Work: Pharmacy:	Home Phone:	Hospital:
,	Cell Phone:	Phone:
	Work:	Pharmacy:
Relationship: Phone:	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).
Important Work Numbers	Important School/Daycare Numbers
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:
Important Information about your Vehicles	School ID Number:
Vehicle 1 Make/Model:	Name of Child:
Plate #:	Name of Teacher:
VIN/ID #:	School ID Number:
Car Loan:	Social Security #/ITIN
Insurance:	Name:
Vehicle 2 Make/Model:	Number:
Plate #:	Name:
VIN/ID #:	Number:
Car Loan:	Name:
Insurance:	Number:
Attach a copy of each vehicles registration and	Attach a copy of each social security card
insurance and a photograph of each vehicle.	

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 and history:			
Family Member #5			
Name: Date of Birth:	Organ Donor:	Yes	No
Allergies:	Organ Donor.	163	110

Medications:	
Medical conditions & Medical History:	
Family Member #6	
Name:	
Date of Birth:	Organ Donor: Yes No
Allergies:	
Medications:	
Medical conditions & Medical History:	
Family Member #7	
Name:	
Date of Birth:	Organ Donor: Yes No
Allergies:	1
Medications:	
Medical conditions & Medical History:	
Persons who CAN pick up my children from	Persons who CANNOT pick up my children
school/day care	
Name:	Name:
Date of Birth:	
Home Phone:	Name:
Cell Phone:	
Work:	Name:
Relationship:	
Name:	*Please inform personnel at your children's school that
Date of Birth:	the persons listed in these sections have permission to
Home Phone:	pick up your children or do not have permission.
Cell Phone:	*If there is a restraining order, attach a copy of this order and file another copy with the school and/or day care of
Work:	your children.
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.

Credit Card Companies	Contacts for your Financial Affairs
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:
	Savings Account #2
Report theft of credit cards IMMEDIATELY!	Bank:
	Toll-Free Number:
	Persons with Access:
Public Agency Contacts	Civil Legal Assistance
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:		
<u>Veterinarian</u>	Emergency Housing for Pets	
Name:	Name:	
Phone:	Phone:	
Address:	Address:	
Emergency Phone:		
Attach a photograph of each pet!		