

# FAMILY CONTACTS and MEDICAL INFORMATION

*Disasters happen anytime and anywhere.*

*When disaster strikes, it is easier to cope when you are prepared. Get Ready! Saginaw County recommends listing contacts and medications in your emergency supply kit or another safe place that is easily accessible in the event of a disaster.*

## EMERGENCY CONTACTS

Local Contact \_\_\_\_\_  
Local Contact \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_

Out-of-Area Contact \_\_\_\_\_  
Out-of-Area Contact \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_

Nearest Relative \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_

Family Work Numbers \_\_\_\_\_  
Parent \_\_\_\_\_  
Parent \_\_\_\_\_  
Other \_\_\_\_\_

Local Police \_\_\_\_\_  
Local Fire \_\_\_\_\_  
Electric Company \_\_\_\_\_  
Gas Company \_\_\_\_\_

**Call 911 for Emergencies**

## MEDICAL INFORMATION

Family Physician \_\_\_\_\_  
Phone \_\_\_\_\_

Family Physician \_\_\_\_\_  
Phone \_\_\_\_\_

Family Physician \_\_\_\_\_  
Phone \_\_\_\_\_

Family Allergies - list allergy after name  
Name \_\_\_\_\_  
Name \_\_\_\_\_  
Name \_\_\_\_\_  
Name \_\_\_\_\_

Medications Taken and Reason  
Name \_\_\_\_\_  
Med/Dosage \_\_\_\_\_  
Name \_\_\_\_\_  
Med/Dosage \_\_\_\_\_

Name \_\_\_\_\_  
Med/Dosage \_\_\_\_\_  
Name \_\_\_\_\_  
Med/Dosage \_\_\_\_\_

Insurance \_\_\_\_\_  
Group # \_\_\_\_\_ Ph \_\_\_\_\_  
Insurance \_\_\_\_\_  
Group # \_\_\_\_\_ Ph \_\_\_\_\_

**Call 911 for Emergencies**

