Emergency Information

Last updated:

Police / Fire / Ambulance:

Fire Alarm Service:

Fire Extinguisher Locations:

Security Alarm Service:

Security Guard / Patrol Service:

Emergency Room:

Poison Control:

Emergency Meeting Place:

**Home Address**

Street: Home phone:

**Adult Family Members**

Name: Age: Birthdate: Home phone:

Address: Mobile phone:

Workplace: Work phone:

**Children**

Name: Age: Mobile phone:

School: Phone :

Address:

Daycare: Phone:

Address:

Other daytime location: Phone:

**Pets**

Pet name: Breed: Age:

Conditions:

Medications:

Veterinarian:

Address: Phone:

Web URL: User: Password:

24-hour pet hospital:

Address: Phone:

Web URL: User: Password:

Pet sitter name: Home phone:

Address: Mobile phone:

**Neighbors**

Name: Home phone:

Address: Mobile phone: Work phone:

**Key Holders & Spare Key Location**

Keyholder: Home phone: Address: Mobile phone:

Spare key location:

**Alarm Systems**

Fire alarm

Provider: Account #:

Address: Phone:

Web URL: User: Password:

Control panel location:

Instructions:

Security alarm

Provider: Account #:

Address: Phone:

Web URL: User: Password:

Control panel location:

Instructions:

Smoke and carbon monoxide detectors

(Tip: Include how to stop false alarms)

Locations:

Instructions:

**Relatives**

Name: Home phone:

Address: Mobile phone: Work phone:

**Babysitters**

Name: Home phone:

Address: Mobile phone:

**Medical Histories**

Family member: Birth date: Blood type:

Conditions:

Medications:   
Food or drug allergies:

Major illnesses, surgeries, injuries: Date:

Vaccinations: Date:

**Physicians**

Patient name:

Doctor name: Specialty:

Address: Phone:

**Pharmacy**

Provider: Phone:

Address:

Account holder: Account #:

Web URL : User: Password:

**Medical Insurance**

Subscriber name: Account #:

Provider: Phone:

Group #:

Web URL: User: Password:

Family members covered:

**Medical Portal**

Patient name:

Organization name:

Web portal name:

Portal URL: User: Password:

**Advance Health Directives**

Family member:

Advance Directive: Document location:

Power of Attorney for Health: Name: Document location:

Do Not Resuscitate (DNR) Order Document location:

Organ donor? Document location:

**Utilities & Other Home Services**

(Gas, electric, oil, water, entry system, TV service provider, internet service provider, telephone service provider, automatic garage door service, 24-hour plumber, location of electric panel & circuit breakers, etc.)

Service: Internet Service Provider Account #:

Provider: Phone:

Address:

Web URL: User: Password:

Wifi password:

Service: Gas & Electric Account #:

Provider: Phone :

Address:

Web URL: User: Password:

Electric panel location:

Gas shut-off valve location:

Service: Water Account #:

Provider: Phone :

Address:

Web URL: User: Password:

Water shut-off location:

**Out of State Emergency Contact\***

\* In the event of a widespread disaster local phone lines may be jammed or not work.

Family members can try calling out of state to share their location and if they are OK.

Name: Home phone:

Address: Mobile phone:

Work phone:

**Grab List / Go Bag Contents**

**Location, grab list:**

**Location, go bag**:

Grab List Possible Contents

ATM cards

Baby supplies: milk, diapers, bottles, etc.

Cash

Checkbook

Clothes: pants, shirt, shoes, socks, underwear, hat, jacket

Computer, tablet, laptop & chargers, external hard drive

Credit cards

Driver's license

Emergency Information List printout (Habitudes)

Eyeglasses / contact lenses / sunglasses

Keys: car, house, safe deposit, storage unit, etc..

Masks

Medications, prescription

Mobile phone & charger

Pets & leashes

Photos

Wallet or purse

What My Family Needs to Know printout (Habitudes)

Go Bag Possible Contents

Birth certificates or photocopies

Flashlight

Health insurance card or photocopy

Home inventory

Home insurance policy

Passport or photocopy

Passwords and pin #'s

Radio, portable

Social Security card photocopy

**Emergency Supplies**

**Location, emergency supply bin:**

Possible Contents

Batteries

Blankets

Bleach

Brush/comb

Can opener

Candles, lighters, matches (waterproof)

Chargers for mobile phone and other devices

Duct tape

First aid kit

Flashlight and/or light sticks

Food, ready to eat or easy to cook

Gas meter valve shut-off wrench

Gloves, work

Hand sanitizer

Immunizations, proof of

Insect repellent

Lamps, portable

Masks: smoke, dust, medical

Medications

Multi-tool with can opener, screwdriver and knife

Paper towels

Personal hygiene items

Pet food and medications

Plates, utensils, glasses - disposable

Ponchos

Porta potty

Pots, cooking

Radio, portable, battery or crank operated

Razor

Rope

Scissors

Sewing kit

Shampoo

Sleep bags

Soap

Stove or grill, portable

Sunblock

Tent, stakes, hammer

Toilet paper

Tool, multi

Toothbrush, toothpaste, floss

Towels

Trash bags

Trowel

Water

Water purification tablets or filter

Whistle

Wipes, disinfectant

Wipes, moist

[](https://www.habitudesrecordkeepers.com/)

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