



The SAMPLE Family Emergency Binder

My Professionals

Accountant

Name & Business _____
Phone & Address _____

Attorney

Name & Business _____
Phone & Address _____

Dentist

Name & Business _____
Phone & Address _____

Doctor

Name & Business _____
Phone & Address _____

Name & Business _____
Phone & Address _____

Employer

Name & Business _____
Phone & Address _____

Name & Business _____
Phone & Address _____

Financial Planner

Name & Business _____
Phone & Address _____

Insurance Agent

Name & Business _____
Phone & Address _____

School

Name & Business _____
Phone & Address _____

Service Providers

Name & Business _____
Phone & Address _____

Name & Business _____
Phone & Address _____

Name & Business _____
Phone & Address _____

Utility Company

Name & Business _____
Phone & Address _____

Name & Business _____
Phone & Address _____

Name & Business _____
Phone & Address _____

Veterinarian

Name & Business _____
Phone & Address _____

Insurance Policies

Auto Insurance

Name & Policy Number _____
Phone & Address _____

Name & Policy Number _____
Phone & Address _____

Home/Renter's Insurance

Name & Policy Number _____
Phone & Address _____

Life Insurance

Name & Policy Number _____
Phone & Address _____

Name & Policy Number _____
Phone & Address _____

Long Term Care Insurance

Name & Policy Number _____
Phone & Address _____

Name & Policy Number _____
Phone & Address _____

Umbrella Liability Insurance

Name & Policy Number _____
Phone & Address _____

Medical Information

Spouse 1

Allergies	_____
Medications	_____
Immunizations	_____
Medical History	_____

Spouse 2

Allergies	_____
Medications	_____
Immunizations	_____
Medical History	_____

Child 1

Allergies	_____
Medications	_____
Immunizations	_____
Medical History	_____

Child 2

Allergies	_____
Medications	_____
Immunizations	_____
Medical History	_____

Child 3

Allergies	_____
Medications	_____
Immunizations	_____
Medical History	_____

Photographs and Identifying Information

Spouse 1

Weight & Height	_____
Eye & Hair Color	_____
Identifying Features	_____

Spouse 2

Weight & Height	_____
Eye & Hair Color	_____
Identifying Features	_____

Child 1

Weight & Height	_____
Eye & Hair Color	_____
Identifying Features	_____

Child 2

Weight & Height	_____
Eye & Hair Color	_____
Identifying Features	_____

Child 3

Weight & Height	_____
Eye & Hair Color	_____
Identifying Features	_____

Estate Plan Information

Spouse 1

Healthcare POA
POA
Executor of Will
Guardian

Spouse 2

Healthcare POA
POA
Executor of Will
Guardian

Copies of these documents are kept at: _____

Emergency Contacts

Contact 1

Relationship _____
Home & Cell Phone _____
Address _____

Contact 2

Relationship _____
Home & Cell Phone _____
Address _____

Contact 3

Relationship _____
Home & Cell Phone _____
Address _____

Contact 4

Relationship _____
Home & Cell Phone _____
Address _____

Contact 5

Relationship _____
Home & Cell Phone _____
Address _____