

# HOUSEHOLD DISASTER DATA AND SAFETY GUIDE

PLACES TO MEET - If family members become separated:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

OUT-OF-STATE RELATAIVE/FRIEND for relaying messages to other family members:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

## UTILITIES:

Gas Shutoff Valve: \_\_\_\_\_

Water Shutoff Valve: \_\_\_\_\_

Main Electrical Box: \_\_\_\_\_

## HEALTH AND SAFETY INFORMATION:

Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

Phone: \_\_\_\_\_

Fire Station: \_\_\_\_\_

Phone: \_\_\_\_\_

POISON CONTROL CENTER: 1-800-222-1222

## OTHER INFORMATION:

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(Family information on back)

FAMILY INFORMATION:

FATHERS EMPLOYER:	MOTHERS EMPLOYER:
Address:	Address:
Phone:	Phone:
Cell Phone:	Cell Phone:

	Preschool/DayC	Elementary School	Junior High Middle School	High School
Name/Address:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Phone:				
Emergency Policy	<input type="checkbox"/> Hold Children <input type="checkbox"/> Release <input type="checkbox"/> Other _____ _____ _____	<input type="checkbox"/> Hold Children <input type="checkbox"/> Release <input type="checkbox"/> Other _____ _____ _____	<input type="checkbox"/> Hold Children <input type="checkbox"/> Release <input type="checkbox"/> Other _____ _____ _____	<input type="checkbox"/> Hold Children <input type="checkbox"/> Release <input type="checkbox"/> Other _____ _____ _____
Children attending				

Other data:

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