

Personal Emergency Checklist

Date: _____

Self

Full legal name _____ Cell phone _____

Address _____

Social Security # _____ Birth date _____

Driver's license # _____ Passport # _____

Primary care physician name & phone _____

Health insurance plan name & ID # _____

Blood type _____ Allergies _____

Medications and dosage _____

Dentist name & phone _____

Employer & address _____ Work phone _____

HR contact name & phone _____

Supervisor name & phone _____

Spouse

Full legal name _____ Cell phone _____

Address _____

Social Security # _____ Birth date _____

Driver's license # _____ Passport # _____

Primary care physician name & phone _____

Health insurance plan name & ID # _____

Blood type _____ Allergies _____

Medications and dosage _____

Dentist name & phone _____

Employer & address _____ Work phone _____

HR contact name & phone _____

Supervisor name & phone _____

Emergency Contact List

Name _____ Home phone _____ Cell phone _____

Name _____ Home phone _____ Cell phone _____

Name _____ Home phone _____ Cell phone _____

Personal Emergency Checklist

Children

Name _____ Social Security # _____ Grade _____

School name _____ School phone _____ Teacher _____

Health insurance plan name & ID # _____

Medications & dosage _____ Passport # _____

Allergies _____ Blood type _____

Name _____ Social Security # _____ Grade _____

School name _____ School phone _____ Teacher _____

Health insurance plan name & ID # _____

Medications & dosage _____ Passport # _____

Allergies _____ Blood type _____

Name _____ Social Security # _____ Grade _____

School name _____ School phone _____ Teacher _____

Health insurance plan name & ID # _____

Medications & dosage _____ Passport # _____

Allergies _____ Blood type _____

Name _____ Social Security # _____ Grade _____

School name _____ School phone _____ Teacher _____

Health insurance plan name & ID # _____

Medications & dosage _____ Passport # _____

Allergies _____ Blood type _____

Pediatrician name & phone _____

Address _____

Dentist name & phone _____

Address _____

Specialist name & phone _____

Address _____

Daycare provider & phone _____

Address _____

Pets

Veterinarian name & phone _____

Pet name _____

Special considerations _____

Pet name _____

Special considerations _____

Financial Emergency Checklist

Date: _____

Insurance

Protection

Insurance company name _____

Address _____ Phone _____

Life insurance policy # _____ Disability policy # _____

Long-term care policy # _____ Other _____

Household

Insurance company name _____ Agent _____

Address _____ Phone _____

Homeowner policy # _____ Auto policy # _____

Umbrella policy # _____ Other _____

Financial

Financial professional name _____ Phone _____

Firm name & address _____

Account 1 _____ Account 2 _____

Account 3 _____ Account 4 _____

Financial professional name _____ Phone _____

Firm name & address _____

Account 1 _____ Account 2 _____

Account 3 _____ Account 4 _____

Financial professional name _____ Phone _____

Firm name & address _____

Account 1 _____ Account 2 _____

Account 3 _____ Account 4 _____

Other professionals

Attorney name _____ Phone _____

Firm name & address _____

Tax professional name _____ Phone _____

Firm name & address _____

Other _____

Financial Emergency Checklist

Bank

Bank name _____	Bank name _____
Branch address _____	Branch address _____
Phone _____	Phone _____
Checking # _____	Checking # _____
Savings # _____	Savings # _____
ATM card # _____	ATM card # _____
Certificates of Deposit _____	Certificates of Deposit _____
Amount: _____ Interest rate: _____ Maturity: _____	Amount: _____ Interest rate: _____ Maturity: _____
Amount: _____ Interest rate: _____ Maturity: _____	Amount: _____ Interest rate: _____ Maturity: _____

Loans and Credit

Mortgage holder _____	Second mortgage holder _____	Home equity loan holder _____
_____	_____	_____
Address _____	Address _____	Address _____
_____	_____	_____
Phone _____	Phone _____	Phone _____
Account # _____	Account # _____	Account # _____
Interest rate _____	Interest rate _____	Interest rate _____
Car loan _____	Car loan _____	Miscellaneous loan _____
Holder _____	Holder _____	Holder _____
Address _____	Address _____	Address _____
_____	_____	_____
Phone _____	Phone _____	Phone _____
Account # _____	Account # _____	Account # _____
Interest rate _____	Interest rate _____	Interest rate _____
Credit card _____	Credit card _____	Credit card _____
Billing address _____	Billing address _____	Billing address _____
_____	_____	_____
Phone _____	Phone _____	Phone _____
Account # _____	Account # _____	Account # _____
Interest rate _____	Interest rate _____	Interest rate _____

Emergency Information



IN CASE OF EMERGENCY: Dial 911

Emergency numbers

Local police _____

Local fire department _____

Local hospital _____

Family meeting place _____

Household emergency

Plumber _____ Phone _____

Electrician _____ Phone _____

Heating provider _____ Phone _____

Telephone company _____ Phone _____

Electric company _____ Phone _____

Cable company _____ Phone _____

Town Hall _____ Phone _____

AAA/Towing _____ Phone _____

Other _____ Phone _____

Other _____ Phone _____

Nearest neighbors

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Government organizations

SOCIAL SECURITY ADMINISTRATION
1-800-772-1213
www.ssa.gov

IRS
1-800-829-1040
www.irs.gov

FEMA (Federal Emergency
Management Association)
1-800-621-FEMA (3362)
www.fema.gov