our FAMILY BINDER

EMERGENCY

FAMILY MEMBER NAMES & DOB:

_____   _____

_____   _____

_____   _____

FAMILY MEETING PLACE: _____
(sudden emergency)

FAMILY MEETING PLACE: _____
(our neighborhood)

FAMILY MEETING PLACE: _____
(regional if we can't get home)

OUT OF TOWN CONTACT:

NAME:_____

PHONE #: _____

EMAIL:_____

FIRE DEPT:_____

POLICE: _____

AMBULANCE:_____

POISON CONTROL:_____

DOCTOR:_____

HOSPITAL:_____

DENTIST: _____

VETERNARIAN/KENNEL:_____

HEALTH

HEALTH INSURANCE PROVIDER: _____

POLICY NUMBER: _____

MAILING ADDRESS:_____

PHONE NUMBER: _____

PRIMARY CARE DOCTOR: _____

ADDRESS:_____

PHONE NUMBER: _____

PEDIATRICIAN:_____

ADDRESS:_____

PHONE NUMBER: _____

OB/GYN:_____

ADDRESS:_____

PHONE NUMBER: _____

DENTAL INSURANCE PROVIDER:_____

POLICY NUMBER:_____

MAILING ADDRESS:_____

PHONE NUMBER:_____

DENTIST: _____

ADDRESS:_____

PHONE NUMBER:_____

INSURANCE

AUTO PROVIDER: _____

POLICY NUMBER: _____

MAILING ADDRESS: _____

AGENT: _____

PHONE NUMBER: _____

LIFE PROVIDER: _____

POLICY NUMBER: _____

MAILING ADDRESS: _____

AGENT: _____

PHONE NUMBER: _____

HOMEOWNERS PROVIDER: _____

POLICY NUMBER: _____

MAILING ADDRESS: _____

AGENT: _____

PHONE NUMBER: _____

OTHER PROVIDER: _____

POLICY NUMBER: _____

MAILING ADDRESS: _____

AGENT: _____
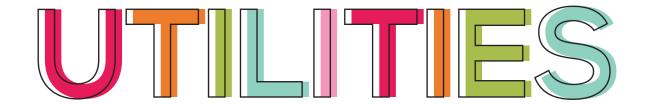
PHONE NUMBER: _____

SAFETY

- [ ] SMOKE ALARMS - one in every room/floor
- [ ] CARBON MONOXIDE DETECTORS- one on every floor
- [ ] FIRE EXTINGUISHERS - one on every floor
- [ ] ALARM SYSTEM –know how to use it
- [ ] LIGHTBULBS - replace and have extras on hand
- [ ] ELECTRICAL OUTLETS - not overloaded
- [ ] ELECTRICAL CORDS - no fraying
- [ ] WINDOWS- open easily from the inside
- [ ] WATER HEATER- check on annual basis
- [ ] 72 HOUR KITS - one for every family member
- [ ] PRESCRIPTION MEDICATION –extra meds on hand
- [ ] FAMILY EMERGENCY PLAN - plan and practice
- [ ] FAMILY BINDER - all important documents
- [ ] FIRST AID KIT - complete kit & have a designated place
- [ ] EXTRA KEYS TO NEIGHBORS/FRIENDS
- [ ] EMERGENCY PHONE #'S - keep up to date & visible

SCHOOL

SCHOOL NAME:_____

ADDRESS:_____

PHONE NUMBER:_____

PRINCIPAL:_____

NURSE:_____

BUS #:_____

BUS DRIVER:_____

BUS PHONE NUMBER:_____

CHILD NAME:_____

TEACHER:_____

CLASSROOM:_____

ROOM NUMBER: _____

CHILD NAME:_____

TEACHER:_____

CLASSROOM:_____

ROOM NUMBER: _____

CHILD NAME:_____

TEACHER:_____

CLASSROOM: _____

ROOM NUMBER: _____

RETIREMENT

401K:_____
ACCOUNT NUMBER:_____
MAILING ADDRESS:_____
PROVIDER: _____
PHONE NUMBER:_____

LIFE INSURANCE: _____
POLICY NUMBER: _____
MAILING ADDRESS:_____
AGENT: _____
PHONE NUMBER: _____

IRA:_____
ACCOUNT NUMBER: _____
MAILING ADDRESS:_____
BROKER:_____
PHONE NUMBER:_____

SAVINGS ACCOUNT: _____
ACCOUNT NUMBER:_____
MAILING ADDRESS:_____
PHONE NUMBER:_____

UTILITIES

CABLE:_____
Account Number:_____
Phone Number:_____

GAS:_____
Account Number:_____
Phone Number:_____

HOUSEKEEPING:_____
Account Number:_____
Phone Number:_____

INTERNET:_____
Account Number: _____
Phone Number:_____

LAWNCARE:_____
Account Number:_____
Phone Number:_____

PHONE:_____
Account Number:_____
Phone Number:_____

TRASH:_____
Account Number: _____
Phone Number:_____

WATER:_____
Account Number:_____
Phone Number:_____

BABYSITTER

EMERGENCY: CALL 911
PARENTS' NAMES: _____
ADDRESS: _____
DAD CELL PHONE NUMBER: _____
MOM CELL PHONE NUMBER:_____
EMERGENCY CONTACT: _____
CONTACT PHONE NUMBER: _____
BUS PHONE NUMBER:_____

CHILD NAME: _____
AGE:_____
CHILD NAME: _____
AGE:_____
CHILD NAME: _____
AGE:_____

MEALS:	RULES:
_____	_____
_____	_____
BEDTIME ROUTINE:	NOTES:
_____	_____
_____	_____