

ALL-HAZARD

Emergency Preparedness Workbook

Section 3

IMPORTANT FAMILY AND INDIVIDUAL INFORMATION

When disaster strikes, you may need to access important contact numbers, health information and household documents. Keep copies in two secure locations. A safety deposit box, a fireproof safe or watertight bags in the freezer work very well. Stored items should include deeds, wills, tax records, birth certificates, health records and photographs or videotapes of valuables for documentation for insurance claims.

LEGAL and FINANCIAL INFORMATION

1. Name and Social Insurance Numbers of All Family Members

Name: _____ SIN _____

Name: _____ SIN _____

Name: _____ SIN _____

Name: _____ SIN _____

Name: _____ SIN _____

Name: _____ SIN _____

Name: _____ SIN _____

Name: _____ SIN _____

2. Bank Accounts

Bank: _____

Account Type: _____ Acct. # _____

Account Type: _____ Acct. # _____

Account Type: _____ Acct. # _____

Bank: _____

Account Type: _____ Acct. # _____

Account Type: _____ Acct. # _____

Account Type: _____ Acct. # _____

Bank: _____

Account Type: _____ Acct. # _____

Account Type: _____ Acct. # _____

Account Type: _____ Acct. # _____

3. Insurance Policies

Life Insurance Company: _____

Policy Type: _____

Life Insurance Company: _____

Policy Type: _____

House Insurance Company: _____

Policy Type: _____

Other Insurance: _____

Policy Type: _____

4. Vehicle Registration Numbers

Vehicle Make: _____

Licence # _____ ID # _____

Vehicle Make: _____

Licence # _____ ID # _____

Vehicle Make: _____

Licence # _____ ID # _____

Vehicle Make: _____

Licence # _____ ID # _____

EMERGENCY SUPPLY KIT INFORMATION

1. Names of Household Members (including boarders)

Name: _____ Name: _____
Name: _____ Name: _____
Name: _____ Name: _____
Name: _____ Name: _____

2. Employment Information

Father's Work Phone Number: _____

Name of Employer: _____

Employment Address: _____

Mother's Work Phone Number: _____

Name of Employer: _____

Employment Address: _____

Person Responsible for Children: _____

Work Phone Number: _____

Home Number: _____

3. School Information

Child's Name: _____

School Name: _____

School Address: _____

Phone Number: _____

School Policy is to Hold Release child in an emergency.

Child's Name: _____

School Name: _____

School Address: _____

Phone Number: _____

School Policy is to Hold Release child in an emergency.

Child's Name: _____

School Name: _____

School Address: _____

Phone Number: _____

School Policy is to Hold Release child in an emergency.

4. Medical Contacts

Doctor's Name: _____

Clinic Address: _____

Phone Number: _____

Doctor's Name: _____

Clinic Address: _____

Phone Number: _____

Dentist's Name: _____

Clinic Address: _____

Phone Number: _____

Home Care Provider: _____

Address: _____

Phone Number: _____

5. Personal Medical Information (include prescriptions for drugs & glasses)

Name: _____

Allergies: _____

Medications: _____

Eye glass prescription: _____

Special Needs or Limitations: _____

Name: _____

Allergies: _____

Medications: _____

Eye glass prescription: _____

Special Needs or Limitations: _____

Name: _____

Allergies: _____

Medications: _____

Eye glass prescription: _____

Special Needs or Limitations: _____

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Medications: _____
Eye glass prescription: _____
Special Needs or Limitations: _____

6. Other Important Numbers

Ambulance: _____
Emergency Program: Local - _____
Provincial - 1-800-663-3456

Fire Department: _____
Police Department: _____
Poison Control: _____
Red Cross: _____
Gas Company: _____
Hydro Repairs: _____
Landlord: _____
Lawyer: _____
Phone Service: _____