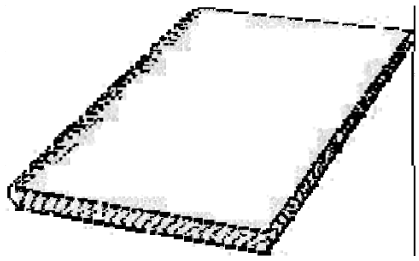

Important Family Records

Use this form to keep important information at your fingertips. Place original records in a safe location (such as a metal box or a safety deposit box.)

Work Information

Father's Work (Name of Business)_____

Address_____ Phone #_____

Mother's Work (Name of Business) _____

Address_____ Phone #_____

Other Family Member (Name)_____

(Name of Business) _____

Address_____ Phone #_____

School (or Child Care Facility) Information

Child (name) _____ School_____
School
Address_____ Phone #_____

Child (name)_____ School_____
School
Address_____ Phone #_____

Child ((name)_____ School_____
School
Address_____ Phone #_____

Child (name)_____ School _____
School
Address_____ Phone #_____

File each school's emergency policies behind this form in your Family Disaster Plan notebook.

Family Social Security Numbers

Name _____
_____

Name _____
_____

Name _____
_____

Name _____
_____

Name _____
_____

Name _____
_____

Location of Important Family Records and Documents

_____
_____
_____
_____
_____
_____