## Family Emergency Plan

Family Member	Blood Type	Allergies	Past/Current Medical Conditions	Current Medications/Dosages

## **Emergency Contact Form**

Contacts		Name/Phone Number
Local personal emergency contact		
Our-of-town personal emergency		
Hospitals near:	Work	
	School	
	Home	
Family physician(s)		
State public health department (See list on www.cdc.gov/other.htm#states)		
Pharmacy		
Employer contact and emergency information		
School contact and emergency information		
Church		