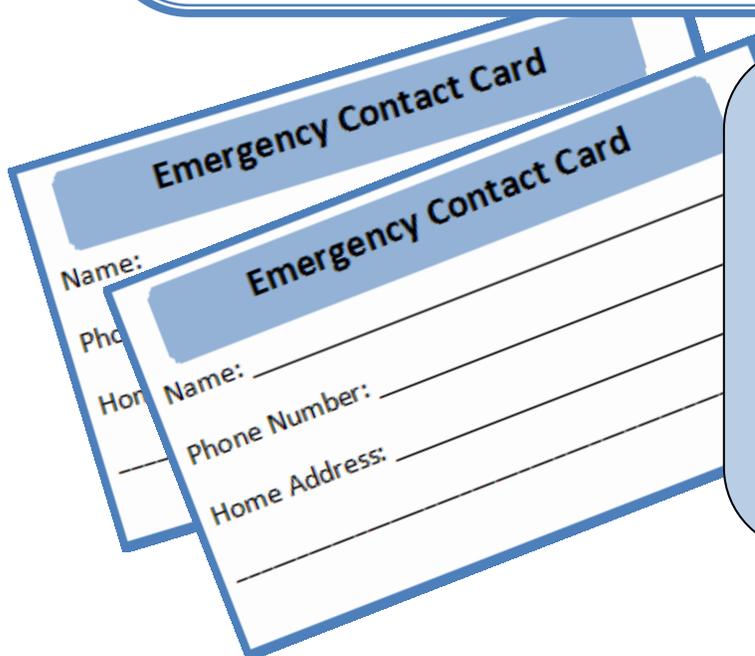# Emergency Contact Card

Information provided

The Emergency Contact Card is an identification card that individuals will keep on them and use in the event of a disaster. The card provides first responders with key information on emergency contacts and critical health issues such as medication use, allergies, or pre-existing conditions. It may also have insurance information, and information on a meeting place for families in case they are separated in a disaster.

Reasons to carry an Emergency Contact Card at all times:

- A disaster may strike at any time.
- Disasters may take out power lines and cell lines may be down. It is important to have phone numbers of out-of-town emergency contacts.
- Everyone needs to be prepared and have their emergency information ready at any given moment.

Emergency Contact Card

Emergency Contact Card

Name:

Pho

Hon

Name: _____

Phone Number: _____

Home Address: _____

_____

Who should carry an Emergency Contact Card?

1. Children
2. Students
3. Commuters
4. People with Special Medical Needs
5. Elderly
6. **Everyone. Everyone. Everyone.**

Emergency Contact Card

Directions:
◊ Print out a card for every member of your household.
◊ Cut along the edge of the card.
◊ Fill out your emergency contact information.

Emergency Contact Card

Name: _____

Phone Number: _____

Home Address: _____

_____

Emergency Contact Person & Phone Number:

_____

Out-of-Area Contact Person & Phone Number:

_____

Family Meeting Point in the Community:

_____

Health Care Provider: _____

Allergies:_____

Medications: _____

_____

Medical Conditions: _____

_____

Police Number: _____

Fire Dept. Number: _____

Poison Control Number: _____

Additional Information: _____

_____

_____   **Dial 9-1-1 for Emergencies**

Fold Here

Fold Here

Fold Here

Emergency Contact Card

Name: _____

Phone Number: _____

Home Address: _____

_____

Emergency Contact Person & Phone Number:

_____

Out-of-Area Contact Person & Phone Number:

_____

Family Meeting Point in the Community:

_____

Health Care Provider: _____

Allergies:_____

Medications: _____

_____

Medical Conditions: _____

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Police Number: _____

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_____

_____   **Dial 9-1-1 for Emergencies**