

Emergency Reference Sheet

Household Emergency Information



just in case arizona
az211.gov

Contact information for household members. Please complete this form and keep it up to date. Make copies to share with each family member.

Family Member 1

Name: _____
 Date of Birth: _____
 Social Security Number: _____
 Phone Number (Work): _____
 (Evening): _____
 (Mobile): _____
 Personal Email: _____
 Blood Type: _____
 Prescriptions: _____
 Business, School or Other Evacuation Information:
 Location: _____
 Address: _____
 Phone Numbers: _____

Family Member 3

Name: _____
 Date of Birth: _____
 Social Security Number: _____
 Phone Number (Work): _____
 (Evening): _____
 (Mobile): _____
 Personal Email: _____
 Blood Type: _____
 Prescriptions: _____
 Business, School or Other Evacuation Information:
 Location: _____
 Address: _____
 Phone Numbers: _____

Family Member 2

Name: _____
 Date of Birth: _____
 Social Security Number: _____
 Phone Number (Work): _____
 (Evening): _____
 (Mobile): _____
 Personal Email: _____
 Blood Type: _____
 Prescriptions: _____
 Business, School or Other Evacuation Information:
 Location: _____
 Address: _____
 Phone Numbers: _____

Family Member 4

Name: _____
 Date of Birth: _____
 Social Security Number: _____
 Phone Number (Work): _____
 (Evening): _____
 (Mobile): _____
 Personal Email: _____
 Blood Type: _____
 Prescriptions: _____
 Business, School or Other Evacuation Information:
 Location: _____
 Address: _____
 Phone Numbers: _____

Health and Home/Rental Insurance Information	Name	Telephone#	Policy#
Health Insurance:			
Family Physician (1):			
Family Physician (2):			
Home Owners/Rental Insurance:			
Other (1):			
Other (2):			

Primary Emergency Contacts

Out-Of-State

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone (Day): _____
(Evening): _____
(Mobile): _____
Email: _____

Nearest Relative

Name: _____
Relationship: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone (Day): _____
(Evening): _____
(Mobile): _____
Email: _____

Nearest Neighbor

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone (Day): _____
(Evening): _____
(Mobile): _____
Email: _____

Local Emergency Officials

In a life threatening emergency, dial 911 or the local emergency medical service officials:

Nearest Police Department: _____

Address: _____
Telephone: _____

Nearest Fire Department: _____

Address: _____
Telephone: _____

Nearest Hospital: _____

Address: _____
Telephone: _____

Family Reunion Locations

Location 1. Right outside your home _____

Location 2. Away from the neighborhood, in case you cannot return home:

Meeting Place: _____

Address: _____

Telephone Number: _____

Driving/Walking route(s): _____

In an Emergency Call 9-1-1

Call this number for emergency response only if:

- You are in danger
- You witness a crime in progress
- Someone has serious injuries or medical problems
- Situation needs urgent attention
- DO NOT CALL 9-1-1-for non-emergencies or to report a power outage

