

HOUSEHOLD INFORMATION

House Number: _____ Street: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

of Adults in Household: _____

Name: _____

Name: _____

Name: _____

Name: _____

of Children in Household: _____

Name: _____ Sex _____ Birthdate: _____

Name: _____ Sex _____ Birthdate: _____

Name: _____ Sex _____ Birthdate: _____

Name: _____ Sex _____ Birthdate: _____

Someone in Household is Non-English Speaker

Name _____ Language _____

Name _____ Language _____

Someone in Household Needing Special Help

Name _____ Special Need _____

Special Medications _____

Special Instructions to rescuer _____

Vial of Life? _____ Location: _____ Pacemaker? _____

Pets

Type _____ Name _____ Location _____

Type _____ Name _____ Location _____

Type _____ Name _____ Location _____

Local Contact: Name: _____ Ph: _____

Out of Town Contact: Name: _____ Ph: _____

Skills

- Doctor (MD) Nurse EMT Paramedic First Aid CPR
- Veterinarian Therapist Translator _____ languages
- HAM w/equipment FRS/GMRS w/equipment Bicycle/Runner
- Plumbing, electrical and/or Construction skills

Supplies Available

- Emergency water supply Major First Aid Supplies Medical Equipment
- Pool Hot tub Well _____
- Electrical generator Hoist Chainsaw Camping equipment