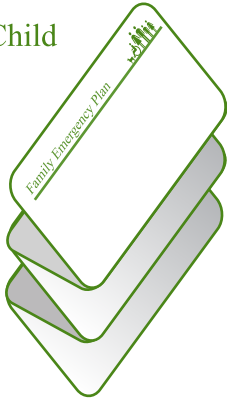


Child



My Family Emergency Plan



Personal ID

Name _____
 Address _____
 Address #2 _____
 Home Phone _____ Home phone #2 _____
 Cell Phone _____
 Special needs, medical info, allergies, etc.



< FOLD HERE >

School/Daycare

School or Daycare _____
 Address _____
 Office phone _____
 Contact person _____

 School emergency plan:

"Building a Ready, Responsive, Resilient El Paso County"

< FOLD HERE >

Parents/Guardians/Caregivers

Name _____
 Daytime/wk address _____
 Evening/home address _____
 Phone _____ Cell phone _____
 E-mail _____
 Identifying Characteristics _____
 Name _____
 Daytime/wk address _____
 Evening/home address _____
 Phone _____ Cell phone _____
 E-mail _____
 Identifying Characteristics _____

< FOLD HERE >

My Neighborhood Meeting Place

Name _____
 Address _____
 Phone(s) _____ notes: _____

Alternate Meeting Place

Name _____
 Address _____
 Phone(s) _____ notes: _____

Out-of-Town Meeting Place

Name _____
 Phone(s) _____
 Address _____ notes: _____

< FOLD HERE >

Important Numbers or Information

Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____

Out-of-Town Emergency Contact Person:
 Phone(s) _____
 Address: _____

Call 911 for Emergencies

Place additional Information on the reverse side as needed.

