



# BEFORE THE STORM

# Know who to call

## FAMILY MEDICAL INFORMATION

■ PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME OF INSURANCE/HMO \_\_\_\_\_ POLICY # \_\_\_\_\_  
ALLERGIES \_\_\_\_\_  
BLOOD TYPE \_\_\_\_\_ PHARMACY PHONE# \_\_\_\_\_

■ PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME OF INSURANCE/HMO \_\_\_\_\_ POLICY # \_\_\_\_\_  
ALLERGIES \_\_\_\_\_  
BLOOD TYPE \_\_\_\_\_ PHARMACY PHONE# \_\_\_\_\_

■ PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME OF INSURANCE/HMO \_\_\_\_\_ POLICY # \_\_\_\_\_  
ALLERGIES \_\_\_\_\_  
BLOOD TYPE \_\_\_\_\_ PHARMACY PHONE# \_\_\_\_\_

■ PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME OF INSURANCE/HMO \_\_\_\_\_ POLICY # \_\_\_\_\_  
ALLERGIES \_\_\_\_\_  
BLOOD TYPE \_\_\_\_\_ PHARMACY PHONE# \_\_\_\_\_

## AUTOMOBILE INSURANCE INFORMATION

■ INSURANCE CO. \_\_\_\_\_ POLICY # \_\_\_\_\_  
AGENT \_\_\_\_\_ AGENT PHONE # \_\_\_\_\_  
CLAIMS DEPT. PHONE # \_\_\_\_\_ CAR VIN # \_\_\_\_\_  
DRIVERS LICENSE # \_\_\_\_\_ EXP. \_\_\_\_\_  
LICENSE PLATE # \_\_\_\_\_ EXP. \_\_\_\_\_

■ INSURANCE CO. \_\_\_\_\_ POLICY # \_\_\_\_\_  
AGENT \_\_\_\_\_ AGENT PHONE # \_\_\_\_\_  
CLAIMS DEPT. PHONE # \_\_\_\_\_ CAR VIN # \_\_\_\_\_  
DRIVERS LICENSE # \_\_\_\_\_ EXP. \_\_\_\_\_  
LICENSE PLATE # \_\_\_\_\_ EXP. \_\_\_\_\_

## HOME/FLOOD INSURANCE INFORMATION

HOME INSURANCE CO. \_\_\_\_\_ POLICY # \_\_\_\_\_  
PHONE \_\_\_\_\_ AGENT NAME \_\_\_\_\_  
CLAIMS DEPT. PHONE # \_\_\_\_\_  
FLOOD INSURANCE POLICY # \_\_\_\_\_ PHONE \_\_\_\_\_



# **BEFORE THE STORM**

# **Know who to call**

## **EMERGENCY INFORMATION**

POLICE \_\_\_\_\_ LOCAL FIRE \_\_\_\_\_  
POISON CONTROL \_\_\_\_\_  
EMERGENCY MANAGEMENT OFFICE (SHELTER INFO) \_\_\_\_\_  
AMERICAN RED CROSS LOCAL CHAPTER \_\_\_\_\_

## **FAMILY EMERGENCY NOTIFICATION**

NOTIFY \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
PHONE \_\_\_\_\_ SECONDARY PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## **ADDITIONAL EMERGENCY NOTIFICATION**

NOTIFY \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
PHONE \_\_\_\_\_ SECONDARY PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## **OUT OF AREA ADDITIONAL EMERGENCY NOTIFICATION**

NOTIFY \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
PHONE \_\_\_\_\_ SECONDARY PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## **ADDITIONAL NUMBERS**

DEBRIS CLEANUP \_\_\_\_\_  
LICENSED CONTRACTORS #'S: \_\_\_\_\_  
LOCAL SCHOOL HOTLINE \_\_\_\_\_  
WORK HOTLINE \_\_\_\_\_  
UTILITY COMPANIES \_\_\_\_\_  
ELECTRIC COMPANY \_\_\_\_\_  
PHONE COMPANY \_\_\_\_\_  
\_\_\_\_\_  
VETERINARIAN \_\_\_\_\_  
\_\_\_\_\_