

# FAMILY EMERGENCY PLAN

The best time to plan for an emergency is before one happens. Download this plan, fill it in and make copies for your children's school and other caregivers.

Remember that the UK **Makenna David Pediatric Emergency Center**, 1000 S. Limestone, is the region's only center dedicated exclusively to children, and staffed by experts in pediatric care.

**IF YOU'RE HAVING AN EMERGENCY NOW: CALL 911.**

<p style="text-align: center;"><b>PARENT/GUARDIAN</b></p> <p>Name: _____</p> <p>Home address: _____          _____          _____</p> <p>Workplace: _____</p> <p>Mobile phone: _____</p> <p>Home phone: _____</p> <p>Work phone: _____</p>	<p style="text-align: center;"><b>PARENT/GUARDIAN OR OTHER TRUSTED ADULT</b></p> <p>Name: _____</p> <p>Home address: _____          _____          _____</p> <p>Workplace: _____</p> <p>Mobile phone: _____</p> <p>Home phone: _____</p> <p>Work phone: _____</p>
<p style="text-align: center;"><b>ADDITIONAL EMERGENCY CONTACT:</b></p> <p>Please choose one trusted adult who does not live with you who can be contacted in case of emergency:</p> <p>Name: _____</p> <p>Home Phone: _____</p> <p>Mobile Phone: _____</p> <p>Address: _____          _____          _____</p>	<p style="text-align: center;"><b>IMPORTANT FAMILY MEDICAL INFORMATION:</b></p> <p>Primary care provider: _____</p> <p>Address: _____          _____</p> <p>Phone Number: _____</p> <p>Important medical information:          (ie allergies/conditions) _____          _____</p> <p>Medications taken regularly: _____          _____</p>

**CHILD:**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

School name, address, phone number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Important medical information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Pediatrician name, address, phone number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preferred hospital for emergencies:

\_\_\_\_\_

**CHILD:**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

School name, address, phone number:

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Important medical information: \_\_\_\_\_

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Pediatrician name, address, phone number:

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Preferred hospital for emergencies:

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Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

School name, address, phone number:

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Important medical information: \_\_\_\_\_

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Pediatrician name, address, phone number:

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Preferred hospital for emergencies:

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**CHILD:**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

School name, address, phone number:

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Important medical information: \_\_\_\_\_

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Pediatrician name, address, phone number:

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Preferred hospital for emergencies:

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