



Important Individual & Family Information In Case of Emergency



After a major disaster, such as an earthquake, you may need financial assistance and will want to document any property loss for insurance and income tax purposes. Having ready access to the documents necessary for completing application forms, as well as those that could be difficult to replace, will eliminate undue delay and frustration. Copy, then store deeds, wills, tax records, birth certificates and other vital documents. Take photographs of all valuables for documentation for insurance claims.

In addition, you may need emergency information about family members. Take a few minutes to record this vital family information below. Use additional sheets as necessary. Keep copies in two safe places, fire resistant, if possible. They can also be stored in water-tight plastic bags in the freezer.

Name, date of birth, social security numbers & phone number of family members

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	PHONE NUMBER

Contact Information: Employers

Parent's Employer: _____

Address: _____

Phone Number: _____

Parent's Employer: _____

Address: _____

Phone Number: _____

Child/Other Employer: _____

Address: _____

Phone Number: _____

Contact Information: Hold Policies: Schools

Child's School: _____

Address: _____

Phone Number: _____

School policy is to hold / release (circle one) child

Child's School: _____

Address: _____

Phone Number: _____

School policy is to hold / release (circle one) child

Contact Information: Healthcare Providers

Doctor: _____

Address: _____

Phone Number: _____

Doctor: _____

Address: _____

Phone Number: _____

Contact/Policy Information: Insurance

Insurance Agent: _____

Phone Number: _____

Medical & Other Insurance Information

POLICY TYPE	POLICY NUMBER

Emergency Service Providers

Police, Fire and Paramedics
9-1-1 or 573-3333 (from cell phone)

Poison Control Center (CA):
1-800-876-4766 (1-800-8POISON)



Important Individual & Family Information In Case of Emergency



Household Emergency Meeting Places

Near Home: _____

Out of neighborhood: _____

Out-of-Area Emergency Contact

Name: _____

Phone Number: _____

Contact Information: Neighbors

Neighbor's Name: _____

Phone Number: _____

Neighbor's Name: _____

Phone Number: _____

Contact Information: Landlord/Property Manager

Name: _____

Phone Number: _____

Location: Nearest Hospitals

San Mateo County General Hospital
222 W. 39th Avenue, San Mateo ~ (650) 573-2222

Mills-Peninsula Medical Center
1783 El Camino Real, Burlingame ~ (650) 696-5400

Kaiser Hospital
1150 Veterans Blvd., Redwood City ~ (650) 299-2000

Contact Information: Utility Companies

Electricity & Gas: Pacific Gas & Electric
1 (800) 743-5000

Water: City of Foster City
(650) 286-8140 (Business Hours)
(650) 286-3333 (Non-Business Hours)

Obtaining Information

In the event of a major emergency, tune to a local radio station. (KCBS 740 AM)

Sign-up for SMC Alerts to your cell phone at
www.smcalert.info

Medical Information: All Family Members

Allergies:

NAME	TYPE

Regular Medication:

NAME	TYPE

Other (dialysis, wheelchair, etc)

NAME	TYPE

Identification Information: Cars, Boats, etc.

Make/Model: _____

License #: _____

VIN: _____

Make/Model: _____

License #: _____

VIN: _____

Identification Information: Bank Accounts

BANK:	BANK:
#:	#:
#:	#:
#:	#: