

## **Family Emergency List**

**Reunion points if separated**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

	<b>Address</b>	<b>Phone</b>
<b>Weekday</b>	Employee _____	_____
<b>Contact</b>	Other _____	_____

**Release Policy**

Child \_\_\_\_\_

School/Child Care \_\_\_\_\_  Hold  Release

Other \_\_\_\_\_

Adult Dependent \_\_\_\_\_

Care Facility Policy \_\_\_\_\_  Hold  Release  Other \_\_\_\_\_

**Out of Area/ State Family Contact**

Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

	<b>Phone</b>	<b>Location</b>
<b>Local</b>	Fire Department _____	_____
<b>Emergency</b>	Police Department _____	_____
	Ambulance _____	_____
	Physician _____	_____
	Hospital _____	_____
	Poison Control Center _____	_____
	Power Company _____	Utility Shut-Off _____
	Water Company _____	Water Valve Shut-Off _____

**Emergency radio station**

- AM frequency \_\_\_\_\_
- FM frequency \_\_\_\_\_