EMERGENCY FAMILY FILE

MONTGOMERY COUNTY
Health and Human Services

24-Hour Crisis Center
240-777-4000
Child Protective Services Hotline
240-777-4417
Daytime Customer Service
311

KEEP INFORMATION UP TO DATE

Be prepared in case of an emergency by thinking about the needs of your children and making a plan for their care. Take a moment to fill out this information and review your family's plan with your child.

Home Address:

Adult Household Members:

Adult Name:	Relationship:	Phone:
1		
2		
3		
4		

Emergency Contact (If Primary Caregiver Not Available)
Name / Relationship / Best Contact Number / Email/Address

1
2
3
4

Where are vital docs. (soc. sec. card, birth certificate, passport, green card/VISA, etc.) stored? If possible, make copies and store in this pouch.

1st Child Name (First/Middle/Last) Sex: M / F DOB: / /

Mother's Name:

Father's Name:

Who Has Legal Custody?

School Name:

Medical Insurance Name & Number:

Pediatrician Name/Number:

Soc. Sec. No.:

Relevant Medical Info./Needs
- ☐ Asthma
- ☐ Diabetes / Insulin Dependent
- ☐ Other:
- ☐ Epilepsy
- ☐ Hearing Impaired
- ☐ Vision Impaired

Prescriptions:

Additional Information: