



Emergency Family Planning and Information Kit

Child Information

General

Name	Date of Birth
Gender Identity	Female <input type="radio"/> Male <input type="radio"/> Non-binary <input type="radio"/> Third Gender <input type="radio"/>
Important Routines	
Comfort Items:	

Medical

Information on any pre-existing conditions or prior medical history (including medical bracelet, allergies, asthma, physical limitations, etc.)

Primary Physician	Phone
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Preferred Hospital

Other Physicians/Specialists:

Medications

Preferred Pharmacy	Phone
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Prescription:

Name			
Dose	Frequency	Last Taken	Discontinue Date

Prescription:

Name			
Dose	Frequency	Last Taken	Discontinue Date

Prescription:

Name			
Dose	Frequency	Last Taken	Discontinue Date

Dental

Dentist	Phone
Other Dental Specialists (e.g. Orthodontist)	

School Information

Public <input type="radio"/>	Private <input type="radio"/>	Charter <input type="radio"/>	Homeschool <input type="radio"/>	Grade
Does an Individual Education Plan (IEP), Individual Family Service Plan (IFSP), or 504 Plan exist for this child?				Yes <input type="radio"/> No <input type="radio"/>
Name of School or Homeschool Curriculum			Phone	
Distance Learning Method: N/A <input type="radio"/> Online <input type="radio"/> Paper Packet <input type="radio"/> Other: _____				

If Online:

Application:
User Name:
Password:

Child's Important Contacts

Important Contact 1:

Name	Phone
Relationship: Friend <input type="radio"/> Family <input type="radio"/> Other: _____	

Important Contact 2:

Name	Phone
Relationship: Friend <input type="radio"/> Family <input type="radio"/> Other: _____	

Important Contact 3:

Name	Phone
Relationship: Friend <input type="radio"/> Family <input type="radio"/> Other: _____	

Other Information and/or Special Considerations

Add Information for Another Child

Select the button below to add information for another child in a separate document. Make sure to save or print all additional forms in the same place. Share these documents by printing them, or emailing them to any alternate caregivers.

[Add Information for Another Child](#)