



# Emergency Family Planning and Information Kit

Emergency planning is important for all of us. COVID-19 is affecting our communities and families in different ways and requires us to plan in different ways than other national or state emergencies. Making a plan for each child and for the health and safety of the family will make any needed transition easier for you, for the person caring for your children, and your children. This kit is completely voluntary.

## Family Information

### General

Home Address:

Street Address 1		
Street Address 2		
City	State	Zip

Languages:

Language(s) spoken at home
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Tribal Affiliation:

Are any family members enrolled or eligible for enrollment with any federally recognized American Indian Tribe?	Yes <input type="radio"/>	No <input type="radio"/>
If yes, please list Tribe(s)		

## Parent or Guardian

Parent or Guardian:

Name		Phone	
Date of Birth	Married <input type="radio"/>	Divorced <input type="radio"/>	Separated <input type="radio"/> Single <input type="radio"/>
Employer		Work Phone	

Parent or Guardian:

Name		Phone	
Date of Birth	Married <input type="radio"/>	Divorced <input type="radio"/>	Separated <input type="radio"/> Single <input type="radio"/>
Employer		Work Phone	

Parent or Guardian Not in Home (If Applicable):

Name		Phone	
Date of Birth	Married <input type="radio"/>	Divorced <input type="radio"/>	Separated <input type="radio"/> Single <input type="radio"/>
Employer		Work Phone	

Parent or Guardian Not in Home (If Applicable):

Name		Phone	
Date of Birth	Married <input type="radio"/>	Divorced <input type="radio"/>	Separated <input type="radio"/> Single <input type="radio"/>
Employer		Work Phone	

## Medical Insurance

Insurance Company	Phone
Insurance Policy Number	
Insurance Policy Holder	

## Dental Insurance

Same as medical insurance:

Insurance Company	Phone
Insurance Policy Number	
Insurance Policy Holder	

## Prescription Insurance

Same as medical insurance:

Insurance Company	Phone
Insurance Policy Number	
Insurance Policy Holder	

## Other Insurance

Type of Insurance	
Insurance Company	Phone
Insurance Policy Number	
Insurance Policy Holder	
Additional Information	

# Family Emergency Contacts (In order of preference)

Emergency Contact 1:

Alternate Caregiver?*		Yes <input type="radio"/>	No <input type="radio"/>
Relationship to Family			
Address			
Phone		Email	

Emergency Contact 2:

Alternate Caregiver?*		Yes <input type="radio"/>	No <input type="radio"/>
Relationship to Family			
Address			
Phone		Email	

Emergency Contact 3:

Alternate Caregiver?*		Yes <input type="radio"/>	No <input type="radio"/>
Relationship to Family			
Address			
Phone		Email	

\* An alternate caregiver is a person you designate to care for your child(ren) should the adults in your household be unable to do so. Any alternate caregiver must be the age of 18 or older.

## Religious, Spiritual or Other Cultural Information

Name of Organization	
Contact Person Name	Phone
Email	
Holidays or Cultural Customs Observed	

## Other Community Contacts

Community Contact 1:

Name of Organization	
Contact Person Name	
Phone	Email

Community Contact 2:

Name of Organization	
Contact Person Name	
Phone	Email

Community Contact 3:

Name of Organization	
Contact Person Name	
Phone	Email

## Legal Information

DOPA:

Is there a Delegation of Parental Authority (DOPA)? Click for <b>more information about DOPA</b> .	Yes <input type="radio"/>	No <input type="radio"/>
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Do Legal Documents Exist Regarding:

Living Will <input type="radio"/>	Will and Testament <input type="radio"/>	Power of Attorney <input type="radio"/>	Advance Directives <input type="radio"/>
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Attorney Information:

Name	
Phone	Email

Other Information:

Important information regarding family relationships (orders for protection, custodial arrangements, etc.) Please attach any relevant legal documentation to this form.
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# 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](#)