

OUR FAMILY BINDER

Presented by



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EMERGENCY

HOME ADDRESS: _____

HOME PHONE #: _____

FOSTER MOM PHONE #: _____

FOSTER MOM WORK PHONE #: _____

FOSTER DAD PHONE #: _____

FOSTER DAD WORK PHONE #: _____

FAMILY MEMBER NAME & BIRTHDATES:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FAMILY MEETING PLACES:

In sudden emergencies, meet here: _____

In our neighborhood, meet here: _____

Regionally, if we can't get home, meet here: _____



EMERGENCY

EMERGENCY CONTACT:

Name: _____ Relation: _____

Phone #: _____

Email: _____

FIRE DEPT: _____

POLICE DEPT: _____

POISON CONTROL: _____

FAMILY DOCTOR NAME & PHONE #:

PEDIATRICIAN NAME & PHONE #:

DENTIST NAME & PHONE #:

VETERNARIAN NAME & PHONE #:

DHR PLACEMENT WORKER NAME & PHONE #:

DHR SOCIAL WORKER NAME & PHONE #:

DHR AFTER HOURS PHONE #:



HEALTH

HEALTH INSURANCE PROVIDER: _____

POLICY #: _____

MAILING ADDRESS: _____

PHONE #: _____

DENTAL INSURANCE PROVIDER: _____

POLICY #: _____

MAILING ADDRESS: _____

PHONE #: _____

VISION INSURANCE PROVIDER: _____

POLICY #: _____

MAILING ADDRESS: _____

PHONE #: _____

HEALTH INSURANCE PROVIDER: _____

POLICY #: _____

MAILING ADDRESS: _____

PHONE #: _____

PRIMARY CARE PROVIDER: _____

ADDRESS: _____

PHONE #: _____



HEALTH

PEDIATRICIAN: _____

ADDRESS: _____

PHONE #: _____

OB/GYN: _____

ADDRESS: _____

PHONE #: _____

SPECIALTY CARE PROVIDER: _____

ADDRESS: _____

PHONE #: _____



INSURANCE

AUTO INSURANCE PROVIDER: _____

AGENT: _____

POLICY #: _____

MAILING ADDRESS: _____

PHONE #: _____

LIFE INSURANCE PROVIDER: _____

AGENT: _____

POLICY #: _____

MAILING ADDRESS: _____

PHONE #: _____

HOMEOWNERS INSURANCE PROVIDER:

AGENT: _____

POLICY #: _____

MAILING ADDRESS: _____

PHONE #: _____

OTHER PROVIDER: _____

AGENT: _____

POLICY #: _____

MAILING ADDRESS: _____

PHONE #: _____



SAFETY

- SMOKE ALARMS – one in every room/floor
- CARBON MONOXIDE DETECTORS – one on every floor
- FIRE EXTINGUISHERS – one on every floor
- FIRE ESCAPE LADDER – one for each room on upper floors
- ALARM SYSTEM – know arm/disarm code & how to use it
- LIGHTBULBS – replace & have extras on hand
- FIREARMS / AMMO – locked up & secure. Ammo locked separately.
- ELECTRICAL OUTLETS – not overloaded
- ELECTRICAL CORDS – no fraying
- WINDOWS – can open easily from the inside
- POOL – fenced and able to secure. Flotation ring, safety rope, etc.
- WATER HEATER – check annually. Temperature at correct level.
- 72 HOUR KITS – one for each family member
- PRESCRIPTION MEDICATION – extra meds on hand
- FAMILY EMERGENCY PLAN – plan & practice
- FAMILY BINDER – all important documents
- FIRST AID KIT – complete kit & have in a designated place
- EMERGENCY CAR KIT – one in each vehicle (jumper cables, blankets, water, snacks, etc.)
- EXTRA KEYS (GARAGE CODE) – give to a trustworthy neighbor
- EMERGENCY PHONE #'S – keep up to date & someplace visible



SCHOOL

SCHOOL NAME: _____

ADDRESS: _____

PHONE #: _____

PRINCIPAL: _____

NURSE: _____

BUS #: _____

BUS DRIVER #: _____

CHILD NAME: _____

TEACHER: _____

CLASSROOM: _____

CHILD NAME: _____

TEACHER: _____

CLASSROOM: _____

CHILD NAME: _____

TEACHER: _____

CLASSROOM: _____

CHILD NAME: _____

TEACHER: _____

CLASSROOM: _____



RETIREMENT

401K: _____

ACCOUNT #: _____

PROVIDER: _____

MAILING ADDRESS: _____

PHONE #: _____

IRA: _____

ACCOUNT #: _____

BROKER: _____

MAILING ADDRESS: _____

PHONE #: _____

LIFE INSURANCE PROVIDER: _____

AGENT: _____

POLICY #: _____

MAILING ADDRESS: _____

PHONE #: _____

BANKING / SAVINGS: _____

ACCOUNT #(s): _____

MAILING ADDRESS: _____

PHONE #: _____



UTILITIES

ELECTRICITY: _____

ACCOUNT #(s): _____

PHONE #: _____

WATER: _____

ACCOUNT #(s): _____

PHONE #: _____

GAS: _____

ACCOUNT #(s): _____

PHONE #: _____

INTERNET: _____

ACCOUNT #(s): _____

PHONE #: _____

CELL PHONE PROVIDER: _____

ACCOUNT #(s): _____

PHONE #: _____

OTHER PROVIDER INFO:



BABYSITTER

EMERGENCY: CALL 911

PARENTS' NAMES: _____

ADDRESS: _____

DAD PHONE #: _____

MOM PHONE #: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE #: _____

SCHOOL PHONE #: _____

CHILD NAME & AGE: _____

CHILD NAME & AGE: _____

CHILD NAME & AGE: _____

CHILD NAME & AGE: _____

CHILD NAME & AGE: _____

RULES:

BEDTIME ROUTINE:

MEALS/SNACKS:

NOTES: