



Confidential Household Data for Your Disaster Kit

Address: _____ Phone: _____
Adult Name: _____ Work Phone: _____
Employer: _____ Work Hours: _____
Adult Name: _____ Work Phone: _____
Employer: _____ Work Hours: _____

Other adults in the household:
Any with disabilities?:

Children	Birth Year	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Persons authorized to pick-up children from school (Info on emergency release card)

Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____

Pets in Household:

Type: _____	Medical Problems _____
Type: _____	Medical Problems _____
Type: _____	Medical Problems _____

Household Cell Phones, E-mail addresses, Ham Radio Call Signs, etc.

What language is spoken at home: _____

What languages can you act as a translator for:

Important Medical Conditions in Family, including allergies and special medications:

Neighbors that have your house key:

Address_____

Out of Area Contact:	Relationship:	City:	Phone:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Family meeting place:

Address:_____

Phone:_____

Make a rough sketch of your home showing the locations of gas & water valves and electric switches. Show entry and exits, location of pool or hot tub. Include location of your emergency and first aid supplies.

Hot Water Heater Strapped Top & Bottom Yes_____ No_____ Need Help_____



What neighborhood teams are your family members part of?
