

FAMILY EMERGENCY PLAN

The best time to plan for an emergency is before one happens. Download this plan, fill it in and make copies for your children's school and other caregivers.

Remember that the UK **Makenna David Pediatric Emergency Center**, 1000 S. Limestone, is the region's only center dedicated exclusively to children, and staffed by experts in pediatric care.

IF YOU'RE HAVING AN EMERGENCY NOW: CALL 911.

<p style="text-align: center;">PARENT/GUARDIAN</p> <p>Name: _____</p> <p>Home address: _____ _____ _____</p> <p>Workplace: _____</p> <p>Mobile phone: _____</p> <p>Home phone: _____</p> <p>Work phone: _____</p>	<p style="text-align: center;">PARENT/GUARDIAN OR OTHER TRUSTED ADULT</p> <p>Name: _____</p> <p>Home address: _____ _____ _____</p> <p>Workplace: _____</p> <p>Mobile phone: _____</p> <p>Home phone: _____</p> <p>Work phone: _____</p>
<p style="text-align: center;">ADDITIONAL EMERGENCY CONTACT:</p> <p>Please choose one trusted adult who does not live with you who can be contacted in case of emergency:</p> <p>Name: _____</p> <p>Home Phone: _____</p> <p>Mobile Phone: _____</p> <p>Address: _____ _____ _____</p>	<p style="text-align: center;">IMPORTANT FAMILY MEDICAL INFORMATION:</p> <p>Primary care provider: _____</p> <p>Address: _____ _____</p> <p>Phone Number: _____</p> <p>Important medical information: (ie allergies/conditions) _____ _____</p> <p>Medications taken regularly: _____ _____</p>

CHILD:

Name: _____

Date of birth: _____

School name, address, phone number:

Important medical information: _____

Pediatrician name, address, phone number:

Preferred hospital for emergencies:

CHILD:

Name: _____

Date of birth: _____

School name, address, phone number:

Important medical information: _____

Pediatrician name, address, phone number:

Preferred hospital for emergencies:

CHILD:

Name: _____

Date of birth: _____

School name, address, phone number:

Important medical information: _____

Pediatrician name, address, phone number:

Preferred hospital for emergencies:

CHILD:

Name: _____

Date of birth: _____

School name, address, phone number:

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