



# American Preparedness

A Service Disabled Veteran Owned Business

A division of :  
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## Emergency Contact List - HOME

### Out-of-state contact:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (day) \_\_\_\_\_

Evening (evening) \_\_\_\_\_

### Local Contact:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (day) \_\_\_\_\_

Evening (evening) \_\_\_\_\_

### Nearest relative:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (day) \_\_\_\_\_

Evening (evening) \_\_\_\_\_

Email: \_\_\_\_\_

### Family work numbers:

Father \_\_\_\_\_

Mother \_\_\_\_\_

Other \_\_\_\_\_

### Emergency telephone numbers:

Police \_\_\_\_\_

Fire \_\_\_\_\_

Hospital \_\_\_\_\_

Poison Control \_\_\_\_\_

### Physician 1:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

### Physician 2:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

### Family dentist:

Name \_\_\_\_\_

Phone \_\_\_\_\_

### Pharmacy:

Name \_\_\_\_\_

Phone \_\_\_\_\_

### Gathering Point:

#### Near house

\_\_\_\_\_

\_\_\_\_\_

#### Away from neighborhood:

\_\_\_\_\_

\_\_\_\_\_

#### Route to try first:

\_\_\_\_\_

### **PLEASE -Prepare yourself, friends and loved-ones.**

1. Prior to filling out this form make copies to share with friends and neighbors
2. Fill out your form and place it in an accessible location.
3. E-mail us to receive it electronically to pass it along.