

EMERGENCY BINDER CHECKLIST

It is smart to be prepared for natural disasters and other emergencies.

The Division of Family Services Parent Advisory Council encourages parents to create an emergency binder so that all of your family's important information and documents are in one place. Whether your emergency binder is digital-based or on physical paper, it should be easily accessible by those you love and trust, as well as first responders!

Your emergency binder should include the following:

<input type="checkbox"/>	Personal Information for Parents and Children								
<input type="radio"/>	Name	<input type="radio"/>	Address	<input type="radio"/>	Cell Phone	<input type="radio"/>	Work Phone		
<input type="radio"/>	Birthdate	<input type="radio"/>	Main Phone	<input type="radio"/>	Work Address	<input type="radio"/>	Work Fax Number		
<input type="checkbox"/>	Emergency Contact Information for Parents and Children								
<input type="radio"/>	Birthdate	<input type="radio"/>	Address	<input type="radio"/>	Cell Phone	<input type="radio"/>	Work Phone		
<input type="radio"/>	Relationship	<input type="radio"/>	Main Phone	<input type="radio"/>	Work Address	<input type="radio"/>	Work Fax Number		
<input type="checkbox"/>	School and Day Care Information for Children								
<input type="radio"/>	Name	<input type="radio"/>	Main Phone	<input type="radio"/>	Fax Number	<input type="radio"/>	Grade		
<input type="radio"/>	Address	<input type="radio"/>	Cell Phone	<input type="radio"/>	Teacher	<input type="radio"/>	IEP or 504 Plan		
<input type="checkbox"/>	Medical Information for Parents and Children								
<input type="radio"/>	Doctor's Name	<input type="radio"/>	Main Phone	<input type="radio"/>	Fax Number	<input type="radio"/>	Allergies	<input type="radio"/>	Therapist's Phone Number
<input type="radio"/>	Address	<input type="radio"/>	Cell Phone	<input type="radio"/>	Immunization Record	<input type="radio"/>	Therapist's Name		
<input type="checkbox"/>	Medication Information for Parents and Children								
<input type="radio"/>	Prescribing Doctor	<input type="radio"/>	Phone Number	<input type="radio"/>	Medicine Name(s)	<input type="radio"/>	Dosage		
<input type="checkbox"/>	Insurance Information for Parents and Children								
<input type="radio"/>	Medical	<input type="radio"/>	Home	<input type="radio"/>	Life				
<input type="radio"/>	Car	<input type="radio"/>	Renters	<input type="radio"/>	Phone Number and Policy Number for each				
<input type="checkbox"/>	Legal and Financial Information for Parents and Children								
<input type="radio"/>	Social Security Card	<input type="radio"/>	Death Certificate	<input type="radio"/>	Divorce Decree	<input type="radio"/>	Protective Order	<input type="radio"/>	Living Will
<input type="radio"/>	Birth Certificate	<input type="radio"/>	Marriage Certificate	<input type="radio"/>	Custody Arrangement	<input type="radio"/>	Power of Attorney		
<input type="checkbox"/>	Pet Information								
<input type="radio"/>	Name	<input type="radio"/>	Birthdate/Age	<input type="radio"/>	Veterinarian				
<input type="radio"/>	Breed	<input type="radio"/>	Tag Information	<input type="radio"/>	Insurance Policy Name and Phone Number				

Don't be scared; be well prepared! It's as easy as 1-2-3.

- 1. Create an emergency binder of your family's important information.**
- 2. Inform your family and emergency contacts of the emergency binder's location.**
- 3. Refresh your emergency binder annually for accuracy.**



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES