

# Child Family Member

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Legal name	Nickname	Date of birth	Cell phone

## Physical description

Height	Weight	Hair color	Eye color

## School

Name		
Address	Phone	Teacher

## Other caregiver

Name		
Address	Phone	Cell phone

## Medical Information

Health/disability information

Allergies

Special needs, equipment, supplies

## Primary care doctor

Name		
Address	Phone	Organization

## Other doctors

Name		Specialty	
Address	Phone	Organization	

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Name		Specialty	
Address		Phone	Organization

Name		Specialty	
Address		Phone	Organization

### Medications

*If medication is lost in a disaster, an emergency prescription can be obtained.*

Medication name	Dosage/frequency	Reason for taking	Rx number
Prescribing physician		Pharmacy phone	Prescription date

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### Disaster Procedure

*Each family member should know each other's disaster procedures for work, school or other places where they spend time.*

### Notes:

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