

EMERGENCY PLAN

CATEGORY	INSTRUCTIONS
FIRE	Call 911 Evacuate immediately Meeting point:
ACCIDENT / INJURY	Call 911 Contact: - - - First aid kit location:
GAS LEAK / HAZARD	Leave the building Call:
IMPORTANT CONTACTS	Police: 911 Fire Department: 911 Nearest Hospital: Insurance Company: Contact: Phone:

MEDICATION & CONTACT SHEET

SECTION	DETAILS
PERSONAL INFO	Name: Allergies: - - - - - -
DAILY MEDICATIONS	- - - - - - - -
MEDICAL CONTACTS	Primary Doctor: Phone: Specialist: Phone: Pharmacy: Phone:

