



# Be Prepared For Emergencies

Emergency Checklists Inside

**BB** Baker Boyer Bank  
WEALTH MANAGEMENT

## Are you and your family prepared, in the event of an unforeseen situation?

When you're in a crisis, it's hard to think calmly and clearly about the best course of action. That's why Baker Boyer strongly urges you to do the preparation now, when you have a little more time to think.



### Personal and Financial Emergencies

Advance preparation for personal emergencies means knowing the names and phone numbers of people to contact, medications and dosages, allergies, medical insurance coverage, daycare providers, children's teachers, veterinarian, etc. Financial emergency preparation includes knowing account information like bank accounts, investment accounts, mortgage, loans and credit cards as well as the right people to call for the situation at hand—financial adviser, insurance agent, lawyer, CPA, etc.



### Make Life Simpler For Yourself

In an emergency you might need to know some of this information—but in an emergency, you might not have time to think or time to waste. Set aside 30 minutes to complete this brief overview today and save yourself a few headaches down the road. Make sure you keep it up to date and in an easily accessible place where you always have it at hand.

**CAUTION:** The information in your kit and on these worksheets should be carefully secured and protected against unauthorized access.

# Personal Emergency Checklist

Date \_\_\_\_\_

## Self

Full Legal Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_

Driver's License # \_\_\_\_\_ Passport # \_\_\_\_\_

Primary Care Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Plan Name \_\_\_\_\_ ID # \_\_\_\_\_

Blood Type \_\_\_\_\_ Allergies \_\_\_\_\_

Medications & Dosage \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

HR Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

## Spouse

Full Legal Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_

Driver's License # \_\_\_\_\_ Passport # \_\_\_\_\_

Primary Care Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Plan Name \_\_\_\_\_ ID # \_\_\_\_\_

Blood Type \_\_\_\_\_ Allergies \_\_\_\_\_

Medications & Dosage \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

HR Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

## Emergency Contact List

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

# Personal Emergency Checklist

## Children

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Grade \_\_\_\_\_

School Name \_\_\_\_\_ School Phone \_\_\_\_\_ Teacher \_\_\_\_\_

Health Insurance Plan Name(s) \_\_\_\_\_ ID # \_\_\_\_\_

Medications & Dosages \_\_\_\_\_ Passport # \_\_\_\_\_

Allergies \_\_\_\_\_ Blood Type \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Grade \_\_\_\_\_

School Name \_\_\_\_\_ School Phone \_\_\_\_\_ Teacher \_\_\_\_\_

Health Insurance Plan Name(s) \_\_\_\_\_ ID # \_\_\_\_\_

Medications & Dosages \_\_\_\_\_ Passport # \_\_\_\_\_

Allergies \_\_\_\_\_ Blood Type \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Grade \_\_\_\_\_

School Name \_\_\_\_\_ School Phone \_\_\_\_\_ Teacher \_\_\_\_\_

Health Insurance Plan Name(s) \_\_\_\_\_ ID # \_\_\_\_\_

Medications & Dosages \_\_\_\_\_ Passport # \_\_\_\_\_

Allergies \_\_\_\_\_ Blood Type \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Grade \_\_\_\_\_

School Name \_\_\_\_\_ School Phone \_\_\_\_\_ Teacher \_\_\_\_\_

Health Insurance Plan Name(s) \_\_\_\_\_ ID # \_\_\_\_\_

Medications & Dosages \_\_\_\_\_ Passport # \_\_\_\_\_

Allergies \_\_\_\_\_ Blood Type \_\_\_\_\_

Pediatrician Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Specialist Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Daycare Provider Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

## Pets

Veterinarian Name \_\_\_\_\_ Phone \_\_\_\_\_

Pet Name \_\_\_\_\_ Special Considerations \_\_\_\_\_

Pet Name \_\_\_\_\_ Special Considerations \_\_\_\_\_

# Financial Emergency Checklist

Date \_\_\_\_\_

## Financial Institutions

Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Insurance

Life Insurance Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Property & Casualty Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

## Professional Contacts

Attorney Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Accountant Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

## Emergency Information

### Emergency Numbers

Local Police \_\_\_\_\_ Local Fire Department \_\_\_\_\_

Local Hospital \_\_\_\_\_

### Household Emergency

Plumber \_\_\_\_\_ Phone \_\_\_\_\_

Electrician \_\_\_\_\_ Phone \_\_\_\_\_

Heating Provider \_\_\_\_\_ Phone \_\_\_\_\_

Telephone Company \_\_\_\_\_ Phone \_\_\_\_\_

Electric Company \_\_\_\_\_ Phone \_\_\_\_\_

Cable Company \_\_\_\_\_ Phone \_\_\_\_\_

AAA/Towing \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ Phone \_\_\_\_\_

### Nearest Neighbors

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

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