



**Wallet Card Instructions:**

- 1) Fill out information on Wallet Cards (update every 6 months)
- 2) Cut along dotted lines, fold in half, and then fold in half again
- 3) Have each family member always keep these in their wallets

**FAMILY COMMUNICATION PLAN**

**Out of Town Contact  
(preferably out of state)**

Name \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Neighborhood Contact**

Name \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

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**Regional Contact  
(2 to 3 miles from home)**

Name \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Other Meeting Places**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**PERSONAL & HEALTH INFORMATION**

**Personal Information**

Name \_\_\_\_\_  
Birth Date \_\_\_\_\_  
In Emergency Contact \_\_\_\_\_  
Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

**Health Information**

Blood Type \_\_\_\_\_  
Allergies \_\_\_\_\_  
\_\_\_\_\_   
Diseases \_\_\_\_\_  
Conditions \_\_\_\_\_  
\_\_\_\_\_

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**Medications**

Med \_\_\_\_\_ Pres. # \_\_\_\_\_  
Med \_\_\_\_\_ Pres. # \_\_\_\_\_  
Med \_\_\_\_\_ Pres. # \_\_\_\_\_  
Med \_\_\_\_\_ Pres. # \_\_\_\_\_  
Pharmacy \_\_\_\_\_  
Physician \_\_\_\_\_

**Physicians**

Primary Care \_\_\_\_\_  
Phone # \_\_\_\_\_  
Other \_\_\_\_\_  
Phone # \_\_\_\_\_  
Other \_\_\_\_\_  
Phone # \_\_\_\_\_