

# Emergency Family Planning and Information Kit

## Make a Plan Minnesota

Emergency planning is important for all of us. COVID-19 is affecting our communities and families in different ways and requires us to plan in different ways than other national or state emergencies. Making a plan for each child and for the health and safety of the family will make any needed transition easier for you, for the person caring for your children, and your children. This kit is completely voluntary.

## Family Information

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### General

Home address:

Street address 1 \_\_\_\_\_

Street address 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

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Language spoken at home

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Are any family members enrolled or eligible for enrollment with any federally recognized American Indian Tribe?

Yes

No

If yes, please list Tribe(s):

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Parent or  
Guardian

**Parent or Guardian**

---

Name

---

Date of birth

---

Married

Divorced

Separated

Single

---

Phone

---

Employer

---

Work phone

---

**Parent or Guardian**

---

Name

---

Date of birth

---

Married

Divorced

Separated

Single

---

Phone

---

Employer

---

Work phone

---

**Parent or Guardian Not in Home (if applicable)**

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Name

---

Date of birth

---

Married

Divorced

Separated

Single

---

Address

---

Phone

---

Employer

---

Work phone

---

---

**Medical  
Insurance**

Insurance company

---

Phone number

---

Insurance policy number

---

Insurance policy holder

---

---

**Dental  
Insurance**

Insurance company

---

Same as medical  
insurance:

Phone number

---

Insurance policy number

---

Insurance policy holder

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**Prescription  
Insurance**

Insurance company

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Same as medical  
insurance:

Phone number

---

Insurance policy number

---

Insurance policy holder

---

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**Other**

*Secondary Insurance*

Type of insurance

---

Phone number

---

Insurance policy number

---

Insurance policy holder

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Additional Information

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**Family Emergency  
Contacts**

(in order of preference)

---

**Contact Person Name**

---

Alternate caregiver?

Yes

No

---

Relationship to family:

---

Address

---

Phone

---

Email

---

**Contact Person Name**

---

Alternative Caregiver?

Yes

No

---

Relationship to family:

---

Address

---

Phone

---

Email

---

**Contact Person Name**

---

Alternate Caregiver?

Yes

No

---

Relationship to family

---

Address

---

Phone

---

Email

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*An alternate caregiver is a person you designate to care for your child(ren) should the adults in your household be unable to do so. Any alternate caregiver must be over the age of 18.*

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Religious,  
Spiritual or  
Other Cultural  
Information

**Name of organization**

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Contact person name

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Phone

---

Email

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Holidays or cultural customs observed:

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Other  
Community  
Contacts

**Name of organization**

---

Contact person name

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Phone

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Email

---

**Name of organization**

---

Contact person name

---

Phone

---

Email

---

**Name of organization**

---

Contact person name

---

Phone

---

Email

---

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Legal  
Information

Is there a Delegation of Parental Authority (DOPA)?

Yes

No

[More information about DOPA](#)

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Do legal documents  
exist regarding:

Living Will

Will and Testament

Power of Attorney

Advance Directives

---

Attorney Information:

Name

---

Phone

---

Email

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Important information regarding family relationships (orders for protection, custodial arrangements, etc.) Please attach any relevant legal documentation to this form.

# Emergency Family Planning and Information Kit

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## Child Information

### General

Name

---

Date of birth

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Gender identity    Female    Male    Non-binary    Third gender

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Important routines

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Comfort Items (blankets,  
toys, electronic devices,  
clothing, music, etc.)

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**Medical**

Information on any pre-existing conditions or prior medical history (including medical bracelet, allergies, asthma, physical limitations, etc.)

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Primary physician

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Phone

---

Preferred hospital

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Other physicians/specialists:

---

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**Medications**

Preferred pharmacy

---

Phone

---

Prescription

Name

---

Dose

---

Frequency

---

Last taken

---

Discontinue date

---

Prescription

Name

---

Dose

---

Frequency

---

Last taken

---

Discontinue date

---

Prescription

Name

---

Dose

---

Frequency

---

Last taken

---

Discontinue date

---

Dental	Dentist				
	Phone				
	Other dental specialists (e.g. orthodontist)				

School Info	Public	Private	Charter	Homeschool	Grade
	Does an Individual Education Plan (IEP), Individual Family Service Plan (IFSP), or 504 Plan exist for this child?				
				Yes	No
	Name of school or homeschool curriculum				
	School phone				
	Distance learning method:		N/A	Online	Paper Packet
			Other:		
	If online:	Application			
	Username				
	Password				

Child's Important Contacts	Name			
	Phone			
	Relationship	Friend	Family	Other:
	Name			
	Phone			
	Relationship	Friend	Family	Other:
	Name			
	Phone			
	Relationship	Friend	Family	Other:
	Name			
	Phone			
	Relationship	Friend	Family	Other:

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Other  
information  
and/or special  
considerations

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## Add information for another child

Select the link below to add information for another child in a separate document. Make sure to save or print all additional forms in the same place. Share these documents by printing them, or emailing them to any alternate caregivers.

[Add information for another child](#)

**STAY SAFE MN**