

# REALSIMPLE

## Names, Numbers, and Notes You Need

### Your Information

Your name	Work address	
Home address		
Home phone	Work phone	
Cell phone	Work e-mail	
	Home e-mail	
Medical-insurance ID number	Drug allergies	Blood type
Primary-care physician	Phone	Medications and schedules

### Spouse/Significant Other

Name	Work address	
Home address		
Home phone	Work phone	
Cell phone	Work e-mail	
	Home e-mail	
Medical-insurance ID number	Drug allergies	Blood type
Primary-care physician	Phone	Medications and schedules

### Emergency

In an emergency contact	In an emergency contact
Home phone	Home phone
Work phone	Work phone
Cell phone	Cell phone

### Alarm/Keys

Alarm-system company	Password
Phone	Location of extra keys

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### Child

Name	Dentist	Phone	
Birth date	Orthodontist	Phone	
Secret word	Baby-sitter	Phone	
Medical-insurance ID number	School	Phone	
Pediatrician	Phone	School nurse	Phone
Food allergies	Teacher	Phone	
Drug allergies	Blood type	School bus arrives home—where and when	
Medications and schedules	School-bus contact number		

### Child

Name	Dentist	Phone	
Birth date	Orthodontist	Phone	
Secret word	Baby-sitter	Phone	
Medical-insurance ID number	School	Phone	
Pediatrician	Phone	School nurse	Phone
Food allergies	Teacher	Phone	
Drug allergies	Blood type	School bus arrives home—where and when	
Medications and schedules	School-bus contact number		

### Parent/Elder

Name	Specialist	Phone	
Birth date	Food allergies		
Medical-insurance ID number	Drug allergies	Blood type	
Primary-care physician	Phone	Medications and schedules	
Specialist	Phone	Pharmacist	Phone

### Pet

Name	Feeding schedule	Veterinarian	Phone
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