

SIMPLY PREPARED
GRAB AND GO
BINDER



READ THIS FIRST

INSTRUCTIONS:

1. Read information below
2. Print all documents
3. Gather other items on "documents checklist"
4. Fill out all forms
5. Put binder together
6. Hide binder well

FINGER PRINTS / DNA:

If you take your own fingerprints at home, make sure you DO NOT "roll" your finger when pressing it on the paper. This can cause the ridges to distort. And don't use too much ink: practice on a piece of paper first!

If you are more comfortable, another option is to get a fingerprint card taken at any local police station/sheriff's office. It's often free but sometimes they charge a small fee.

FAMILY PICTURES

I suggest keeping a past and a recent family picture in your Simply Prepared Binder.

If you were to lose a child (during a natural disaster or otherwise) and then find them, you may have to prove that they belong to you. This would be especially true if the child is incoherent or unable to recognize you. Having an older and more recent family photo is one very quick way to prove that this child does and has belonged to you for some time.

ID FORMS

In this kit, you will find adult, child and pet ID forms. I suggest putting all personal documents (ID, Birth certificate etc) in a sheet protector behind the corresponding ID Form.

You may also consider printing two and keeping one copy with you at all times, (or at least when out in busy public places). They contain important information authorities would need to start looking for a missing person.

RECOMMENDED PRODUCTS:

If you are interested, I've compiled a list of various options (nearly free, medium cost, more expensive) of suggested supplies to put your binder together. Click [HERE](#) to see that list.

CONCERNS ABOUT SECURITY:

Having all this in one place creates a risk. But there is risk no matter what. If you don't have the folder at all there are risks. You have to weigh which risk is less scary to you. For me, I've decided the risk of not having it is scarier than the risks created by having it. My folder is very well hidden and does not call attention to itself.

A reader recently gave me two great suggestions that I'll pass onto you:

- (1) Disguise your binder as a "children's artwork" binder. I've provided an "artwork" cover for you in this printable if you would like to do this. Then, put all your documents between two pieces of children's art.
- (2) Create a "code" system for your financial information. One idea is to use a 10 letter phrase such as "LIGHT BREAD" for number L=0, I=1, G=2, H=3 etc) You can find other "code" ideas online.

DOCUMENTS CHECKLIST

Gather these documents and place them in your Simply Ready Binder. Put personal documents behind the ID Kit (in a plastic sleeve) of the family member they apply to. Create a section for everything else and store it there.

PERSONAL DOCUMENTS:

- Birth Certificates
- Driver's License
- Military records
- Social Security Cards
- Passports
- Immunization Records
- Religious Certificates / Blessings
- Diplomas

TESTAMENTARY DOCUMENTS

- Will
- Trust and amendments
- Contact info for everyone named in will / trust
- Living Will
- Power of Attorney

PROPERTY:

- Deeds
- Titles
- Appraisals
- Home inventory list/picture CD

INSURANCE

- Policy summary pages
- ID Cards
- Vehicle registration cards

TAX AND INVESTMENT DOCUMENTS:

- 3 Years Income tax returns
- Property Tax Statements
- Investment plan summaries
- Stock Certificates
- Bonds
- Certificates of Deposit

LEGAL DOCUMENTS:

- Marriage certificates
- Divorce records
- Prenuptial / postnuptial
- Other contracts
- Child custody agreements
- Utility bill as proof of residency
- Adoption Papers

OTHER

- Recent and old family photos
- Cash
- Maps of area

EVACUATION CHECKLIST

- Get kid's and then adult's shoes on
- Shut off gas / water to house
- Purse/wallet, cell phone (and any cash in home)
- Simply Prepared (or other grab and go) Binder
- Copy of current utility bill (proof of residency)
- Water, snacks, extra food
- Prescription meds
- 72 hour kit
- Maps
- External hard drive (hopefully current including family pictures)
- Camera
- Heirlooms, mementos etc (list yours below)
 - _____
 - _____
 - _____
 - _____
- Tent
- Extra blankets / pillows
- Favorite stuffed animals
- Extra clothes / jackets
- Flashlights
- Kid stuff (diapers, binkies, sippy cups, bottles, pack and play, stroller, toys etc)
- Scriptures / other religious needs
- Card games
- Take a quick home video / picture inventory (if not already in grab and go binder)
- Other: _____
- Other: _____
- Other: _____
- Other: _____

FAMILY MEETING PLACES:

In Neighborhood: _____

In City: _____

Outside City: _____

LONG DISTANCE CONTACT
(If local phone calls won't work)

Name: _____

Phone: _____

Email: _____

Road Conditions #

FAMILY AND FRIEND'S NUMBERS

EXTENDED FAMILY NUMBERS:

Name: _____	Number: _____
Name: _____	Number: _____
Name: _____	Number: _____
Name: _____	Number: _____
Name: _____	Number: _____
Name: _____	Number: _____
Name: _____	Number: _____
Name: _____	Number: _____
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Name: _____	Number: _____
Name: _____	Number: _____
Name: _____	Number: _____

LOCAL FRIEND'S NUMBERS:

Name: _____	Number: _____
Name: _____	Number: _____
Name: _____	Number: _____
Name: _____	Number: _____
Name: _____	Number: _____
Name: _____	Number: _____
Name: _____	Number: _____
Name: _____	Number: _____
Name: _____	Number: _____
Name: _____	Number: _____
Name: _____	Number: _____

LONG DISTANCE FRIEND'S NUMBERS:

Name: _____	Number: _____
Name: _____	Number: _____
Name: _____	Number: _____
Name: _____	Number: _____
Name: _____	Number: _____
Name: _____	Number: _____
Name: _____	Number: _____
Name: _____	Number: _____
Name: _____	Number: _____
Name: _____	Number: _____
Name: _____	Number: _____

EMERGENCY PHONE NUMBERS

Fire: **911** _____

Police: **911** _____

Ambulance: **911** _____

Poison Control: **800-222-1222** _____

24 Hr Nurse Line: _____

24 Hr Pediatric Nurse Line: _____

Animal Control: _____

Fire Department: _____

Police Department: _____

Gas Company: _____

Electric Company: _____

Water / Sewer Company: _____

Road Conditions: _____

Plumber: _____

Landlord: _____

Other: _____

LONG DISTANCE CONTACT:

(If Local Calls Are Down):

Name _____

Phone: _____

Email: _____

ESSENTIAL FAMILY INFO:

Address: _____

Phone #1: _____

Phone #2: _____

Name: _____ DOB: _____

Allergies: _____

Name: _____ DOB: _____

Allergies: _____

Name: _____ DOB: _____

Allergies: _____

Name: _____ DOB: _____

Allergies: _____

Name: _____ DOB: _____

Allergies: _____

Name: _____ DOB: _____

Allergies: _____

Name: _____ DOB: _____

Allergies: _____

Name: _____ DOB: _____

Allergies: _____

UTILITY PROVIDER NUMBERS

ELECTRIC: _____ *Phone #:* _____

Acct #: _____

GAS: _____ *Phone #:* _____

Acct #: _____

**WATER /
SEWAGE:** _____ *Phone #* _____

Acct #:: _____

INTERNET: _____ *Phone #:* _____

Acct #: _____

PHONE: _____ *Phone #:* _____

Acct#: : _____

TRASH: _____ *Phone #:* _____

Acct #: _____

OTHER: _____ *Phone #:* _____

Acct #: _____

OTHER: _____ *Phone #:* _____

Acct #: _____

FINANCIAL NUMBERS

CHECKING
ACCOUNT
PROVIDER:

Acct #: _____ *Phone #:* _____

SAVINGS ACCOUNT
PROVIDER:

Acct #: _____ *Phone #:* _____

401K PROVIDER:

Acct #: _____ *Phone #:* _____

IRA PROVIDER:

Acct #: _____ *Phone #:* _____

PERMANENT LIFE
INSURANCE:

Acct #: _____ *Phone #:* _____

OTHER INVESTMENT:

Acct #: _____ *Phone #:* _____

OTHER INVESTMENT:

Acct #: _____ *Phone #:* _____

OTHER INVESTMENT:

Acct #: _____ *Phone #:* _____

INSURANCE PROVIDER NUMBERS

HEALTH INSURANCE: _____ Policy #: _____

Address: _____

Phone: _____ Agent: _____

DENTAL INSURANCE: _____ Policy #: _____

Address: _____

Phone: _____ Agent: _____

AUTO INSURANCE: _____ Policy # _____

Car #1 VIN: _____ Car #2 VIN: _____

Phone: _____ Agent: _____

LIFE INSURANCE: _____ Agent: _____

Phone: _____ Policy #1 _____

Policy #2: _____ Policy #3: _____

LIFE INSURANCE: _____ Agent: _____

Phone: _____ Policy #1: _____

Policy #2: _____ Policy #3: _____

HOMEOWNERS INSURANCE: _____ Policy #: _____

Address: _____

Phone: _____ Agent: _____

MEDICAL PROVIDER NUMBERS

PRIMARY CARE
DR:

Phone:

PEDIATRICIAN:

Phone:

OBGYN:

Phone:

DENTIST:

Phone:

PEDIATRIC
DENTIST:

Phone:

PHARMACY:

Phone:

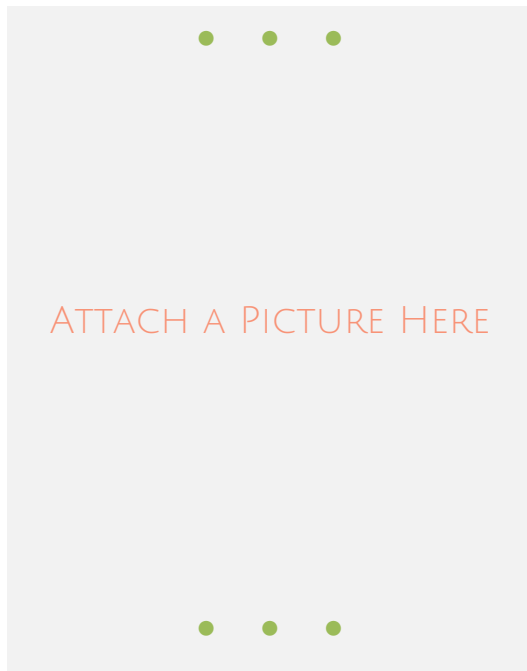
VETERINARIAN:

Phone:

OTHER:

Phone:

CHILD ID KIT



RIGHT THUMB

RIGHT INDEX

RIGHT MIDDLE

RIGHT RING

RIGHT PINKY

LEFT THUMB

LEFT INDEX

LEFT MIDDLE

LEFT RING

LEFT PINKY

IMPORTANT INFORMATION

Today's Date: _____

Full Name: _____

Nickname(s): _____

Current Address: _____

City, State, Zip: _____

Cell Phone: _____

Primary Guardian's Phone: _____

Secondary Guardian's Phone: _____

SS#: _____

School: _____ Phone: _____

Teacher: _____ Room #: _____

Date of birth: _____ Grade: _____

Gender: _____ Ethnicity: _____

Height: _____ Weight: _____

Hair color: _____

Eye color: _____

Birthmarks: _____

Distinctive moles: _____

Scars: _____

Other (glasses, contacts, braces, prosthetics etc):

Allergies: _____

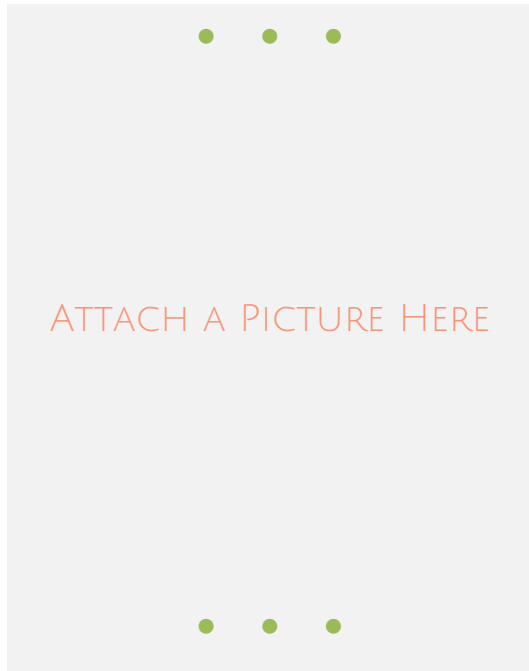
Medical Conditions: _____

Medications: _____

Pediatrician: _____

Other Info: _____

ADULT ID KIT



RIGHT THUMB	RIGHT INDEX	RIGHT MIDDLE	RIGHT RING	RIGHT PINKY
LEFT THUMB	LEFT INDEX	LEFT MIDDLE	LEFT RING	LEFT PINKY

IMPORTANT INFORMATION

Full Name: _____

Nickname(s): _____

Current Address: _____

City, State, Zip: _____

Home Phone: _____

SS#: _____

Cell Phone: _____

Work Phone: _____

Place of Employment: _____

Date of birth: _____

Gender: _____

Ethnicity: _____

Height: _____ Weight: _____

Hair color: _____

Eye color: _____

Birthmarks: _____

Distinctive moles: _____

Scars: _____

Other (glasses, contacts, braces, prosthetics etc):

Allergies: _____

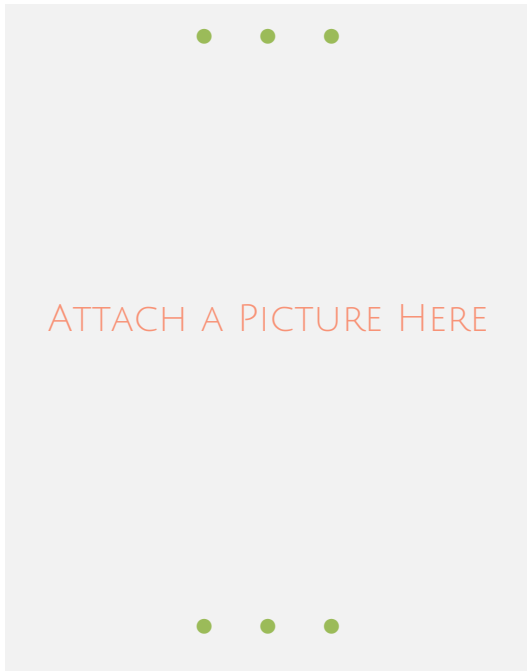
Medical Conditions: _____

Medications: _____

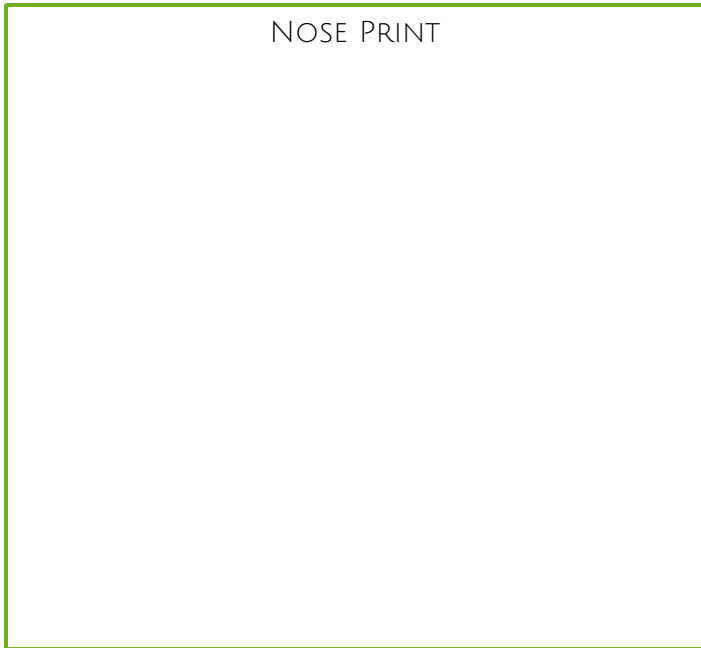
Caregiver: _____

Other Info: _____

PET ID KIT



NOSE PRINT



IMPORTANT INFORMATION

Full Name: _____
Nickname(s): _____
Microchip #: _____
Rabies Tag: _____
Tattoo ID#: _____

Current Address: _____
City, State, Zip: _____
Cell Phone: _____
Primary Guardian's Phone: _____
Secondary Guardian's Phone: _____

Date of birth: _____
Gender: _____ Breed: _____
Weight: _____ Eye Color: _____
Hair color: _____
Markings: _____
Scars: _____

Allergies: _____
Medical Conditions: _____
Medications: _____
Veterinarian: _____
Phone: _____

Other Info: _____

FIRST AID QUICK GUIDE:

IMPORTANT: This list is only a reminder for those certified in First Aid. It is not meant to train how to properly perform First Aid.

HANDS ONLY CPR

- ✓ Call 911
- ✓ Push hard and fast at the center of the chest
- ✓ **IMPORTANT:** *Hands-Only CRP is most effective if used after you SEE a teen or adult suddenly collapse. If you are trained in conventional CPR, you should use it.*

MAJOR BLEEDING

- ✓ Call 911 and put on gloves (or a plastic bag)
- ✓ Have person lie down with head lower than body.
- ✓ Remove obvious objects from wound, but don't clean it.
- ✓ If organ have been displace, do not push them back in, simply cover the wound.
- ✓ Apply direct pressure with gauze / clothing until bleeding stops (don't "look" for at least 20 min), and apply pressure around deeply embedded objects, not over them.
- ✓ Do not remove gauze / bandage. Simply keep adding more as needed
- ✓ If limb (arm / leg) is bleeding, elevate it.

MAJOR (NOT MINOR) BURNS:

- ✓ Call 911
- ✓ Do not remove clothing
- ✓ Do not immerse in cold water
- ✓ Begin CPR if needed
- ✓ Elevate burned parts of body above heart if possible
- ✓ Cover burn with a cool, moist, sterile bandage or cloth or towel

HYPOTHERMIA

- ✓ Call 911
- ✓ Begin CPR if necessary
- ✓ Protect from wind & cover head
- ✓ Remove wet clothing, but do not massage / rub
- ✓ Do not use hot water / heating pad and do not apply anything hot or warm to limbs.
- ✓ Apply warmth to center of body only

CONVENTIONAL CPR

- ✓ Call 911
- ✓ **Infants:** Place 2-3 fingers below nipple line. 30 (1/2 – 1 in) compressions. 2 gentle breaths until chest rises. 100 comp/min
- ✓ **Children:** Use 1-2 hands in center of chest. 30 (1-1 1/2 in) compressions. 2 breaths until chest rises. 100 comp / min
- ✓ **Adults:** Use 2 hands. 30 (1-2 in) compressions in center of chest. 2 long breaths until chest rises. 100 comp / min

SHOCK

- ✓ Call 911
- ✓ Have person lie down (on their side if vomiting) with head lower than body unless it causes pain, then have them lie flat
- ✓ Treat any obvious injuries and give CPR if needed
- ✓ Keep person warm....give blankets
- ✓ Keep person as still as possible and encourage them.
- ✓ Do not let the person eat / drink

CHOKING

- ✓ Give 5 back blows between shoulder blades w/ heel of hand
- ✓ Give 5 thrusts (Heimlich)
- ✓ Repeat until item is dislodged
- ✓ Call 911 once item is dislodged or after 1-2 minutes.
- ✓ **Heimlich on conscious victim:** Wrap arms around person's waist. Position your fist above their navel and grab it with other hand. Push hard w/ quick, upward thrust.
- ✓ **Heimlich on pregnant / obese:** Place hands higher at base of breastbone.
- ✓ **Heimlich on unconscious:** Do not perform. Lie on back and dislodge item if possible. Then, do CRP instead.
- ✓ **Heimlich on infant:** Give 5 back blows with them lying facedown on your forearm over thigh. Flip over onto back and use 2 fingers at center of breastbone. Give 5 compressions.

HEAT STROKE

- ✓ Move into shady / air conditioned space and call 911
- ✓ Do not immerse in cold water
- ✓ Cover with damp sheets, spray with water and fan
- ✓ Have person drink anything without alcohol or caffeine

PASSWORD TRACKER

WEBSITE:

USERNAME: _____

PASSWORD: _____

EMAIL ATTACHED: _____

OTHER: _____

WEBSITE:

USERNAME: _____

PASSWORD: _____

EMAIL ATTACHED: _____

OTHER: _____

WEBSITE:

USERNAME: _____

PASSWORD: _____

EMAIL ATTACHED: _____

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PASSWORD: _____

EMAIL ATTACHED: _____

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WEBSITE:

USERNAME: _____

PASSWORD: _____

EMAIL ATTACHED: _____

OTHER: _____

KID'S

ARTWORK

