SIMPLY PREPARED

GRAB AND GO

BINDER
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.
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

### 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

### PROPERTY:
- Deeds
- Titles
- Appraisals
- Home inventory list/picture CD

### INSURANCE
- Policy summary pages
- ID Cards
- Vehicle registration cards

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

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**Evacuation Checklist**

**FAMILY MEETING PLACES:**

In Neighborhood: __________
_________________________
_________________________
_________________________

In City: ___________________
_________________________
_________________________
_________________________

Outside City: ______________
_________________________
_________________________
_________________________

- 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: ____________________________
- Other: ____________________________

**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: ___________________
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LOCAL FRIEND'S NUMBERS:

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<tbody>
<tr>
<td>Fire</td>
<td>911</td>
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<tr>
<td>Police</td>
<td>911</td>
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<tr>
<td>Ambulance</td>
<td>911</td>
</tr>
<tr>
<td>Poison Control</td>
<td>800-222-1222</td>
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<tr>
<td>24 Hr Nurse Line</td>
<td></td>
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<tr>
<td>24 Hr Pediatric Nurse Line</td>
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<td>Animal Control</td>
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<td>Fire Department</td>
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<td>Water / Sewer Company</td>
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<td>Landlord</td>
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<td>Other</td>
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</tbody>
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**LONG DISTANCE CONTACT:**

(If Local Calls Are Down):

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Email</th>
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<tbody>
<tr>
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</tbody>
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**Address:** ___________________________
_____________________________________
Phone #1: ___________________________
Phone #2: ___________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>Allergies</th>
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<thead>
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<th>Utility Service</th>
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<tr>
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<td>Gas</td>
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<td>Water / Sewage</td>
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<td>Internet</td>
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<td>Phone</td>
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<td>Trash</td>
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<tr>
<td>Other</td>
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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 #: ___________________
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<th><strong>HEALTH INSURANCE:</strong></th>
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<td>Agent:</td>
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<td><strong>DENTAL INSURANCE:</strong></td>
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<tr>
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<td>Phone:</td>
<td>Agent:</td>
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<tr>
<td><strong>AUTO INSURANCE:</strong></td>
<td>Policy #:</td>
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<tr>
<td>Car #1 VIN:</td>
<td>Car #2 VIN:</td>
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<tr>
<td>Phone:</td>
<td>Agent:</td>
</tr>
<tr>
<td><strong>LIFE INSURANCE:</strong></td>
<td>Agent:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Policy #1</td>
</tr>
<tr>
<td>Policy #2:</td>
<td>Policy #3:</td>
</tr>
<tr>
<td><strong>LIFE INSURANCE:</strong></td>
<td>Agent:</td>
</tr>
</tbody>
</table>
| Phone:                 | Policy #1:
| Policy #2:             | Policy #3: |
| **HOMEOWNER'S 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:
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: ___________________________

____________________________________

____________________________________

____________________________________

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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: _________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

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**Hands Only CPR**
- Call 911
- Push hard and fast at the center of the chest
- **IMPORTANT**: Hands-Only CPR 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.

**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 ½ 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

**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.

**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.

**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

**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

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WEBSITE: ___________________________________
USERNAME: ___________________________________
PASSWORD: ___________________________________
EMAIL ATTACHED: ______________________________
OTHER: _______________________________________
KID’S ARTWORK