EMERGENCY PLAYBOOK

Help your family in an Emergency

Human Resources Administration
Department of Homeless Services
Department of Social Services
DSS-53 (E)
02/04/2025 LLF

EMERGENCY INSTRUCTIONS

This booklet will help your family and the City in the event of an emergency. Please carefully complete the information in this playbook. It can help reunite your family. If you need help taking photos please ask your shelter provider to assist you. We can also make a copy to keep it for you.

Please provide as much information as you can about you and your family members that live with you right now.

Please list one emergency contact in the NYC area and one emergency contact that lives farther away or in another country. These contacts should be people you know and trust and who you can get in touch with.

EMERGENCY INFORMATION

POLICE AND DISPATCH **911**

MEDICAL EMERGENCY **911**

EMERGENCY PHONE #1:

EMERGENCY PHONE #2:

MY FAMILY'S NAME, ADDRESS AND PHONE NUMBERS:

Insert Photo of Family

NAME:

MY FAMILY INFORMATION

NAME: _____

RELATIONSHIP: _____

STREET ADDRESS: _____

CITY, STATE: _____

PHONE NUMBER: _____

FAMILY MEMBERS:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

WORK NUMBERS:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

SCHOOL INFORMATION

CHILD NAME: _____

GRADE: _____ DISMISSAL TIME: _____

TEACHER/HOMEROOM TEACHER: _____

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

SCHOOL PHONE NUMBER: _____

SCHOOL WEBSITE: _____

LOCAL NEWS SOURCES:

CHILD NAME: _____

GRADE: _____ DISMISSAL TIME: _____

TEACHER/HOMEROOM TEACHER: _____

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

SCHOOL PHONE NUMBER: _____

SCHOOL WEBSITE: _____

LOCAL NEWS SOURCES:

SCHOOL INFORMATION

CHILD NAME: _____

GRADE: _____ DISMISSAL TIME: _____

TEACHER/HOMEROOM TEACHER: _____

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

SCHOOL PHONE NUMBER: _____

SCHOOL WEBSITE: _____

LOCAL NEWS SOURCES:

CHILD NAME: _____

GRADE: _____ DISMISSAL TIME: _____

TEACHER/HOMEROOM TEACHER: _____

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

SCHOOL PHONE NUMBER: _____

SCHOOL WEBSITE: _____

LOCAL NEWS SOURCES:

Insert Photo of Individual Family Member

Complete corresponding family member details.

NAME:

FAMILY MEMBER 1

Name: _____

Birthday: _____ Age: _____

Eye Color: _____ Cell: _____

Hair Color: _____ Email: _____

Height: _____ Work: _____

Weight: _____ Work phone: _____

Family doctor: _____

Phone: _____

Dentist: _____

Phone: _____

Hospital: _____

City, State: _____

Special needs/diagnosis: _____

Accommodations needed: _____

Glasses: _____

Hearing aids: _____

Allergies: _____

My medication (dosage): _____

_____

_____

_____

Insert Photo of Individual Family Member

Complete corresponding family member details.

NAME:

FAMILY MEMBER 2

Name: _____

Birthday: _____ Age: _____

Eye Color: _____ Cell: _____

Hair Color: _____ Email: _____

Height: _____ Work: _____

Weight: _____ Work phone: _____

Family doctor: _____

Phone: _____

Dentist: _____

Phone: _____

Hospital: _____

City, State: _____

Special needs/diagnosis: _____

Accommodations needed: _____

Glasses: _____

Hearing aids: _____

Allergies: _____

My medication (dosage): _____

_____

_____

_____

Insert Photo of Individual Family Member

Complete corresponding family member details.

NAME:

FAMILY MEMBER 3

Name: _____

Birthday: _____ Age: _____

Eye Color: _____ Cell: _____

Hair Color: _____ Email: _____

Height: _____ Work: _____

Weight: _____ Work phone: _____

Family doctor: _____

Phone: _____

Dentist: _____

Phone: _____

Hospital: _____

City, State: _____

Special needs/diagnosis: _____

Accommodations needed: _____

Glasses: _____

Hearing aids: _____

Allergies: _____

My medication (dosage): _____

_____

_____

_____

Insert Photo of Individual Family Member

Complete corresponding family member details.

NAME:

FAMILY MEMBER 4

Name: _____

Birthday: _____ Age: _____

Eye Color: _____ Cell: _____

Hair Color: _____ Email: _____

Height: _____ Work: _____

Weight: _____ Work phone: _____

Family doctor: _____

Phone: _____

Dentist: _____

Phone: _____

Hospital: _____

City, State: _____

Special needs/diagnosis: _____

Accommodations needed: _____

Glasses: _____

Hearing aids: _____

Allergies: _____

My medication (dosage): _____

_____

_____

_____

Insert Photo of Individual Family Member

Complete corresponding family member details.

NAME:

FAMILY MEMBER 5

Name: _____

Birthday: _____ Age: _____

Eye Color: _____ Cell: _____

Hair Color: _____ Email: _____

Height: _____ Work: _____

Weight: _____ Work phone: _____

Family doctor: _____

Phone: _____

Dentist: _____

Phone: _____

Hospital: _____

City, State: _____

Special needs/diagnosis: _____

Accommodations needed: _____

Glasses: _____

Hearing aids: _____

Allergies: _____

My medication (dosage): _____

_____

_____

_____

Insert Photo of Individual Family Member

Complete corresponding family member details.

NAME:

FAMILY MEMBER 6

Name: _____

Birthday: _____ Age: _____

Eye Color: _____ Cell: _____

Hair Color: _____ Email: _____

Height: _____ Work: _____

Weight: _____ Work phone: _____

Family doctor: _____

Phone: _____

Dentist: _____

Phone: _____

Hospital: _____

City, State: _____

Special needs/diagnosis: _____

Accommodations needed: _____

Glasses: _____

Hearing aids: _____

Allergies: _____

My medication (dosage): _____

_____

_____

_____

Insert Photo of Local Emergency Contact

NAME:

LOCAL EMERGENCY CONTACT INFORMATION

NAME: _____

RELATIONSHIP: _____

STREET ADDRESS: _____

CITY, STATE: _____

PHONE NUMBER: _____

☐ IF ONE OR BOTH PARENTS CAN'T CARE FOR THE CHILDREN, WOULD THIS PERSON BE WILLING TO TAKE THEM IN?

FAMILY MEMBERS:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

Insert Photo of Out-of-Area Emergency Contact

NAME:

OUT-OF-AREA EMERGENCY CONTACT INFORMATION

NAME: _____

RELATIONSHIP: _____

STREET ADDRESS: _____

CITY, STATE: _____

COUNTRY: _____

PHONE NUMBER: _____

FAMILY MEMBERS:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

Please circle or star the state which the family is located if within the United States.