

Print at 100% (no scaling). Cut along the corner marks. Fill in by hand and laminate front-to-back.

FRONT

**FAMILY PREPAREDNESS**  
Keep with a trusted person

**PRIMARY CONTACT**  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

**SECONDARY CONTACT**  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CHILD PICK-UP / SCHOOL**  
Authorized: \_\_\_\_\_  
School phone: \_\_\_\_\_

Date prepared: \_\_\_\_\_ IALDF • ialdf.org

BACK

**ATTORNEY & KEY INFO**

**ATTORNEY**  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

**MY CASE**  
A-Number: \_\_\_\_\_  
Receipt #: \_\_\_\_\_

**MEDICAL**  
Allergies / meds: \_\_\_\_\_  
Doctor: \_\_\_\_\_

**LEGAL HOTLINE** **1-844-363-1423**  
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