	's	Village
(Your First Name)		

My Contact Inforn	<u>nation</u>		
	I	Phone:	
(First Name)	(Last Name)		
Email:			
(Street Address)		(City/Town)	(State)
Will / Power of At	ttorney/ Medical Care		
1. I don't have	a will and/or advance dire	ective do have a	will and/or
advance directive	and it's located		
2. I haven't ap	opointed a Power of Attorn	ney	
have appo	ointed a Power of Attorney	and their contact inf	ormation is:
		Phone:	
(First Name)	(Last Name)		
Email:			
(Street Address)		(City/Town)	(State)
(Country)	(Zip / Postal Code)		
3. My doctor / prin	nary care provider is:		
(Final Many 2)		Phone:	
(First Name)	(Last Name)		
(Street Address)		 (City/Town)	(State)

People Who Live in My Home (Family, Roommates or Housemates) Phone: (First Name) (Last Name) Email: Social Media: Relation to me: 2. ______ Phone: _____ (Last Name) (First Name) Email: Social Media: Relation to me: _____ Phone: _____ (First Name) (Last Name) Social Media: Relation to me: _____ _____Phone: _____ 4. (Last Name) (First Name) Email: Social Media: _____

Relation to me:

My Other Family (People Who Don't Live At My House)

1		Phone:
(First Name)		
Email:		
Social Media:		
Relation to me:		_
2		Phone:
(11)	(Last Name)	
Email:		
Relation to me:		
3.		Phone:
(First Name)	(Last Name)	
Email:		
Social Media:		
Relation to me:		
4		Phone:
(First Name)	(Last Name)	
Email:		
Social Media:		
Relation to me:		

My Friends _____ Phone: _____ (First Name) (Last Name) Email: Social Media: Relationship to me: 2. ______ Phone: _____ (Last Name) (First Name) Email: Social Media: Relationship to me: _____ Phone: _____ (First Name) (Last Name) Social Media: Relationship to me: _____ _____Phone: _____ 4. (First Name) (Last Name) Email: Social Media: _____ Relationship to me: _____

My Neighbors

1		Phone:	
(First Name)	(Last Name)		
Email:			
Social Media:			
2		Phone:	
(First Name)	(Last Name)		
Email:			
Social Media:			
3		Phone:	
(First Name)	(Last Name)		
Email:			
Social Media:			
		Phone:	
(First Name)	(Last Name)		
Email:			
Social Media:			
			

My Employer / Co-workers _____ Phone: _____ (First Name) (Last Name) Email: Social Media: Relationship to me: 2. ______ Phone: _____ (Last Name) (First Name) Email: Social Media: Relationship to me: _____ Phone: _____ (First Name) (Last Name) Social Media: Relationship to me: _____ _____Phone: _____ 4. (First Name) (Last Name) Email: Social Media: _____

Relationship to me: _____

Other Folks Phone: _____ (First Name) (Last Name) Email: Social Media: _____ Relationship to me: 2. ______ Phone: _____ (Last Name) (First Name) Social Media: Relationship to me: _____ _____ Phone: _____ (First Name) (Last Name) Social Media: Relationship to me-

_

Relationship to me: _____

My Pets (Species) (Name) Instructions for care of this pet: (Species) (Name) Instructions for care of this pet: (Species) (Name) Instructions for care of this pet: (Species) (Name) Instructions for care of this pet:

My Dependent Child(ren) (Name) (Age) (Grade) My child's school: Phone: (Name of School) Email: (City/Town) (Street Address) (State) (Zip / Postal Code) (Country) Caregivers who can pick my child up from school and care for them if I'm unable to: Phone: (Last Name) (First Name) (Street Address) (City/Town) (State) (Zip / Postal Code) (Country) _____Phone: _____ (First Name) (Last Name) (City/Town) (Street Address) (State) (Zip / Postal Code) (Country) Special Instructions for care of this child:

School Consent Form for Pickup of Dependent Children

In the event an imr	nediate family member on	record is unavailable	e , I consent for
	to p	oick	
(First Name)	(Last Name)	(First Name)	(Last Name)
up from school.			
(My First Name)	(My Last Name)	-	
(Signature)		(Date)	

My House Plants and Gardens (Species) (Name) (Location) Instructions for care of this plant: (Species) (Name) (Location) Instructions for care of this plant: (Location) (Species) (Name) Instructions for care of this plant: (Species) (Name) (Location) Instructions for care of this plant: