Kinzah

MUSLIM FAMILY EMERGENCY FOLDER | NEXT-OF-KIN CONTACTS

NEXT-OF-KIN CONTACTS
Complete these details and tell the people named here where this folder is kept.

PRIMARY CONTACT
Full name: _____
Relationship: _____
Phone: _____
Email or address: _____

BACKUP CONTACT
Full name: _____
Relationship: _____
Phone: _____
Email or address: _____

OTHER IMPORTANT CONTACT
Full name: _____
Relationship: _____
Phone: _____
Email or address: _____

Family meeting place or key instruction: _____
_____

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MUSLIM FAMILY EMERGENCY FOLDER | MEDICAL INFORMATION AND ALLERGIES

MEDICAL INFORMATION AND ALLERGIES
Use one block for each household member. Attach an up-to-date care plan if needed.

HOUSEHOLD MEMBER 1
Full name: _____
Date of birth: _____
Conditions or important medical history: _____
_____
Allergies and reactions: _____
_____
Medicines, dose and usual time: _____
_____

HOUSEHOLD MEMBER 2
Full name: _____
Date of birth: _____
Conditions or important medical history: _____
_____
Allergies and reactions: _____
_____
Medicines, dose and usual time: _____
_____

HOUSEHOLD MEMBER 3
Full name: _____
Date of birth: _____
Conditions or important medical history: _____
_____
Allergies and reactions: _____
_____
Medicines, dose and usual time: _____
_____

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MUSLIM FAMILY EMERGENCY FOLDER | CHILDREN'S CAREGIVERS AND SCHOOL CONTACTS

CHILDREN'S CAREGIVERS AND SCHOOL CONTACTS
List the adults who may be contacted or authorised to collect each child.

CHILD 1
Child name and date of birth: _____
Caregiver name and relationship: _____
Caregiver phone: _____
School or early learning centre: _____
School contact and phone: _____
Collection or care notes: _____

CHILD 2
Child name and date of birth: _____
Caregiver name and relationship: _____
Caregiver phone: _____
School or early learning centre: _____
School contact and phone: _____
Collection or care notes: _____

CHILD 3
Child name and date of birth: _____
Caregiver name and relationship: _____
Caregiver phone: _____
School or early learning centre: _____
School contact and phone: _____
Collection or care notes: _____

Other instructions for a caregiver: _____
_____

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MUSLIM FAMILY EMERGENCY FOLDER | DOCTORS, DENTIST AND PHARMACY

DOCTORS, DENTIST AND PHARMACY
Keep this page current. Include a specialist or other provider if useful.

FAMILY DOCTOR OR GP
Practice and doctor: _____
Phone: _____
Address: _____

DENTIST
Practice and dentist: _____
Phone: _____
Address: _____

PHARMACY
Pharmacy name: _____
Phone: _____
Address: _____

OTHER DOCTOR OR SPECIALIST
Name and specialty: _____
Phone: _____
Address: _____

Preferred hospital or care instructions: _____
_____

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MUSLIM FAMILY EMERGENCY FOLDER | INSURANCE POLICIES

INSURANCE POLICIES
Record policy details and the location of the documents. Do not write passwords here.

HEALTH OR MEDICAL INSURANCE
Provider: _____ Phone: _____
Policy number: _____ Renewal: _____
Document location: _____

LIFE OR INCOME COVER
Provider: _____ Phone: _____
Policy number: _____ Renewal: _____
Document location: _____

HOME OR CONTENTS INSURANCE
Provider: _____ Phone: _____
Policy number: _____ Renewal: _____
Document location: _____

VEHICLE OR OTHER COVER
Provider: _____ Phone: _____
Policy number: _____ Renewal: _____
Document location: _____

Other policy or claim contact: _____
_____

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MUSLIM FAMILY EMERGENCY FOLDER | ISLAMIC REMINDERS

ISLAMIC REMINDERS
When things feel difficult, pause for a breath and turn to Allah in du'a.

A DU'A FOR A TIME OF DISTRESS
Hasbunallahu wa ni'mal wakeel.
Allah is sufficient for us, and He is the best disposer of affairs.

Take the next practical step. Ask a trusted person to stay with you, contact the people listed in this folder, and seek the help the situation requires.

A reminder for my family
_____
_____
A trusted imam or Muslim community contact
Name: _____ Phone: _____
Other faith or family support: _____

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MUSLIM FAMILY EMERGENCY FOLDER | IF SOMETHING HAPPENED TO ME TODAY

IF SOMETHING HAPPENED TO ME TODAY
For the person who finds this folder. Take these steps in order, as needed.

1. CHECK IMMEDIATE SAFETY
If anyone is injured or in danger, call local emergency services. Give responders this folder and point out any allergies, conditions and medicines.

2. CONTACT FAMILY
Call the primary next of kin on the contacts page. If they cannot be reached, call the backup contact. Keep your phone available and note who has been told.

3. CARE FOR CHILDREN AND DEPENDANTS
Call the named caregiver and school contacts. Confirm who is authorised to collect each child. Keep siblings together where possible.

4. FIND ESSENTIAL INFORMATION
Use the locations written in this folder to find identification, insurance, medical documents and current care plans. Do not guess passwords or access codes.

5. REACH THE RIGHT SUPPORT
Contact the listed doctor, insurer, family member or trusted Muslim community contact as the situation requires. Follow emergency and professional guidance.

6. KEEP A SIMPLE RECORD
Note the time, calls made, instructions received and where important documents were handed over. Keep original documents together where safe.

7. IF THERE HAS BEEN A DEATH
Contact local emergency services or an appropriate health professional and follow their directions. Inform family and, if wanted, the listed faith contact.

The folder is kept here: _____
Person to call first: _____
This sheet is a practical aid, not legal or medical advice.