

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.