

# EXCEPTIONAL FAMILY MEMBER BINDER

Exceptional Families  
of the Military



One Community,  
One Voice



# In Case of Emergency

Information about Child

Emergency Contact
Parent 1:
Number :
Parent 2:
Number:

Emergency Contact
Parent 1:
Number:
Parent 2:
Number:



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# School Information

SCHOOL
School Name:
Phone Number:
Address:
Fax:

IEP/504
Last IEP/504 Meeting:
IEP case manager:
IEP/504 renewal date:
POC Email



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# PROVIDER LIST

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DOCTOR'S NAME

SPECIALTY

PHONE

FAX

ADDRESS

ONLINE MEDICAL RECORD

MEDICAL RECORD LOGIN

DOCTOR'S NAME

SPECIALTY

PHONE

FAX

ADDRESS

ONLINE MEDICAL RECORD

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# DME COMPANY LIST

COMPANY NAME

SPECIALTY

PHONE

FAX

EQUIPMENT  
AND/OR SUPPLIES

COMPANY NAME

SPECIALTY

PHONE

FAX

EQUIPMENT  
AND/OR SUPPLIES

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