

Emergency Family Plan



| | |
|----------------------------------|-----------------------|
| Deploying Military Member's Name | Deploying Unit's Name |
|----------------------------------|-----------------------|

Our Family's Contact Information

1

| | | | |
|------------|--------------|------------|-------|
| Name | | Address | |
| Home Phone | Mobile Phone | Work Phone | Email |

2

| | | | |
|------------|--------------|------------|-------|
| Name | | Address | |
| Home Phone | Mobile Phone | Work Phone | Email |

3

| | | | |
|------------|--------------|------------|-------|
| Name | | Address | |
| Home Phone | Mobile Phone | Work Phone | Email |

It is vital to have a strong network of support in your community. Support could be family, friends, neighbours, or co-workers. Get to know people through your own networks. If you need help, connect with your MFRC to meet new people or brainstorm strategies to help build your contact list. Have trouble filling this form out? Before a crisis hits, contact the MFRC to get assistance putting a plan in place.

Emergency Contacts

1

| | | | |
|------------|--------------|------------|--|
| Name | | Address | |
| Home Phone | Mobile Phone | Work Phone | |

2

| | | | |
|------------|--------------|------------|--|
| Name | | Address | |
| Home Phone | Mobile Phone | Work Phone | |

3

| | | | |
|------------|--------------|------------|--|
| Name | | Address | |
| Home Phone | Mobile Phone | Work Phone | |

If something happened to you, what friends and family would you want contacted?

Child Care Providers - available with short notice

1

| | | | |
|------------|--------------|------------|--|
| Name | | Address | |
| Home Phone | Mobile Phone | Work Phone | Overnight/Weekend <input type="checkbox"/> Daytime/Evening <input type="checkbox"/> |

2

| | | | |
|------------|--------------|------------|--|
| Name | | Address | |
| Home Phone | Mobile Phone | Work Phone | Overnight/Weekend <input type="checkbox"/> Daytime/Evening <input type="checkbox"/> |

3

| | | | |
|------------|--------------|------------|--|
| Name | | Address | |
| Home Phone | Mobile Phone | Work Phone | Overnight/Weekend <input type="checkbox"/> Daytime/Evening <input type="checkbox"/> |

4

| | | | |
|------------|--------------|------------|--|
| Name | | Address | |
| Home Phone | Mobile Phone | Work Phone | Overnight/Weekend <input type="checkbox"/> Daytime/Evening <input type="checkbox"/> |

It is very difficult to arrange overnight and weekend care for children. The best bet for families is to have a list of options of people that you trust and are willing and able to provide care with minimal notice.

Detailed information about your child Please fill out full details for each dependent child

1

| | | | |
|--|------------------------|--|--------------------------|
| Child's Full Name | | Birth Date | Provincial Health Number |
| Family Doctor | | Address | |
| Phone | Notes | | |
| School/Daycare | | Address | |
| Phone | Notes | | |
| School/Daycare | | Address | |
| Phone | Notes | | |
| Allergies | Medication | Special Needs | |
| Primary Language Spoken | Ongoing Medical Issues | Diet | |
| Daily Routine (naps, meal times, any routines) | | Other Notes (for infants/toddlers, please make note of breastfeeding, toilet training status, and how your child reacts to new situations) | |

2

| | | | |
|---|------------------------|---|--------------------------|
| Child's Full Name | | Birth Date | Provincial Health Number |
| Family Doctor | | Address | |
| Phone | Notes | | |
| School/Daycare | | Address | |
| Phone | Notes | | |
| School/Daycare | | Address | |
| Phone | Notes | | |
| Allergies | | Medication | Special Needs |
| Primary Language Spoken | Ongoing Medical Issues | | Diet |
| Daily Routine (<i>naps, meal times, any routines</i>) | | Other Notes (<i>for infants/toddlers, please make note of breastfeeding, toilet training status, and how your child reacts to new situations</i>) | |

3

| | | | |
|---|------------------------|---|--------------------------|
| Child's Full Name | | Birth Date | Provincial Health Number |
| Family Doctor | | Address | |
| Phone | Notes | | |
| School/Daycare | | Address | |
| Phone | Notes | | |
| School/Daycare | | Address | |
| Phone | Notes | | |
| Allergies | | Medication | Special Needs |
| Primary Language Spoken | Ongoing Medical Issues | | Diet |
| Daily Routine (<i>naps, meal times, any routines</i>) | | Other Notes (<i>for infants/toddlers, please make note of breastfeeding, toilet training status, and how your child reacts to new situations</i>) | |

Detailed Information about dependent adult(s) *Please fill out full details for each dependent adult (parent, sibling, adult child)*

1

| | | | |
|----------------------------|-------|----------------------|--------------------------|
| Adult's Full Name | | Birth Date | Provincial Health Number |
| Support/Nursing Care Needs | | Daily/Weekly Therapy | |
| Other Notes | | | |
| Family Doctor | | Address | |
| Phone | Notes | | |

2

| | | | |
|----------------------------|-------|----------------------|--------------------------|
| Adult's Full Name | | Birth Date | Provincial Health Number |
| Support/Nursing Care Needs | | Daily/Weekly Therapy | |
| Other Notes | | | |
| Family Doctor | | Address | |
| Phone | Notes | | |

Detailed Information about your pets

1

| | |
|------------|---------------|
| Pet's Name | Details/Notes |
|------------|---------------|

2

| | |
|------------|---------------|
| Pet's Name | Details/Notes |
|------------|---------------|

3

| | |
|------------|---------------|
| Pet's Name | Details/Notes |
|------------|---------------|

When you have completed this form, give a copy to each of the persons listed as contacts on this form and explain what would be expected of them in case of an emergency. Also, keep a copy located in a place in your house where first responders could easily see it – such as on your refrigerator.