



CREATING YOUR FAMILY PLAN

Keep your Family Plan at home—
on your refrigerator or family bulletin board
or in an easy-to-find place in case
of emergency.

To create your plan, ask yourself (and answer) these questions:

- » Who depends on me for care? Who are the most reliable people to provide care?
- » Have you talked to your designated caregivers? Have they agreed to act in this capacity?
- » Do you have all possible contact numbers for each designate — home, office, mobile, etc.
- » If you have to be away, where would you want your family member to stay, at your home or at your designate's home?
- » What are your family members' needs? Think about medication, diet, a book or toy that would be a source of comfort.
- » Do you expect your designate to take your family member to appointments, events, etc.? If so, do they need a vehicle? What about a booster seat?
- » How will expenses be covered in your absence?
- » Consider providing a copy of this to all of your designated caregivers.

IMPORTANT:

Talk to your family about your plan, so if an emergency occurs, they know the plan too.

When necessary, interview and request criminal record checks for all possible childcare providers **BEFORE** an emergency occurs.

Family members in your home may include your pets. Remember to plan for them as well.

For support creating your Family Plan, contact the Mainland BC MFRC:

604 225 2520 ext. 2518
info@bcmfrc.com



Our Family

YOUR INFORMATION

NAME	PHONE	EMAIL (not a Canadian Forces email)

YOUR DEPENDENTS

NAME	YEAR OF BIRTH	IMPORTANT INFO (medication, allergies, etc.)

PETS

NAME	TYPE	IMPORTANT INFO (medications, etc.)

Notes



CAREGIVER

NAME

RELATIONSHIP TO FAMILY

WORK PHONE

EMAIL

MOBILE PHONE

ADDRESS

IMPORTANT INFO

ALTERNATIVE CAREGIVER

NAME

RELATIONSHIP TO FAMILY

WORK PHONE

EMAIL

MOBILE PHONE

ADDRESS

IMPORTANT INFO

ALTERNATIVE CAREGIVER

NAME

RELATIONSHIP TO FAMILY

WORK PHONE

EMAIL

MOBILE PHONE

ADDRESS

IMPORTANT INFO



Important Contacts

	NAME	PHONE	IMPORTANT INFORMATION
TEACHER			
DAYCARE			
DOCTOR			
PHARMACY			
VET			
FAMILY MEMBER			
FRIEND/NEIGHBOUR			
LANDLORD			
UNIT DUTY OFFICER			
OTHER			
OTHER			

Documents

DOCUMENT	WHERE TO FIND IT
SIN CARD	
BIRTH CERTIFICATE/ADOPTION PAPERS	
PASSPORTS/VISAS	
POWER OF ATTORNEY	
HEALTH REPRESENTATION AGREEMENT	
OTHER	
OTHER	