# **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	
	Name		Address		
2	Home Phone	Mobile Phone	Work Phone	Email	
	Name		Address		
3	Home Phone	Mobile Phone	Work Phone	Email	

**Tell us about your family** If you answer yes to any of these questions, fill out an Emergency Family Plan

At-home spouse/partner? Dependent child/children? Dependent (adult(s)? Pets in your home?

#### Care Coordinator(s)

1	Name		Address		
	Home Phone	Mobile Phone	Work Phone	Has agreed to be	
				Coordinator?	
2	Name		Address		
		i i			
	Home Phone	Mobile Phone	Work Phone	Has agreed to be	

#### **Emergency Contacts**

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. Think about the people you have a connection with and have a link with your 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

If the at-home spouse/partner couldn't care for themselves or their children, you need to have someone that you can turn to in a crisis. Someone who can step into a situation, contact family, make sure your kids get to school, help you get in contact with your deployed military member, etc. If that person isn't available, it is important to have a backup available. Be sure to communicate to the people on your list that you might relay on them in an emergency.

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

### **Emergency Child Care Providers**

Home Phone	_	Name					
nome Phone	Mo	bile Phone	Work Phone		Overnight/Weekend  Daytime/Evening	It is very difficult to arrange overnight and weekend care for children. The best bet for	
Name			Address		families is to have a list of options of people that you trust and are willing and able		
Home Phone	Mo	bile Phone	Work Phone		Overnight/Weekend Daytime/Evening	to provide care with minimal notice.  You may need someone available to take care of you	
Name		Address		child for a few hours on short notice. There might be daytime respite care (with			
Home Phone	Mo	bile Phone	Work Phone		Overnight/Weekend  Daytime/Evening	specific set times) available through the MFRC. However, it is important to have people in mind that might be able to	
Name			Address			be more flexible. The Family Networks are a great way to connect with people that	
Home Phone	Mo	bile Phone	Work Phone		Overnight/Weekend  Daytime/Evening	might fill this role.	
Detailed inform	atio	n about your	<b>child</b> Plea	se fill out full det	tails for each dependent child	-	
Child's Full Name			Birth Date Provincial Health Number		For school and daycare, make		
Family Doctor			Address		sure you have your Care Coordinators listed on your child's pickup list.		
Phone Notes							
School/Daycare			Address			If you have a child with extra	
Phone	No	tes				needs, you'll have to put strong supports in place for your caregiver and your child.	
School/Daycare			Address			The MFRC can provide assistance getting a plan in place.	
Phone Notes							
Allergies Medication		Special Needs					
Primary Ongoing Medical Issues Language Spoken				Diet			
Daily Routine (naps, meal times, any routines)						reastfeeding, toilet training status,	
	Name  Home Phone  Name  Home Phone  Detailed inform Child's Full Name  Family Doctor Phone  School/Daycare  Phone  Allergies  Primary Language Spoken  Ongoing	Name  Home Phone  Mod  Name  Home Phone  Mod  Name  Home Phone  Mod  Detailed information  Child's Full Name  Family Doctor  Phone  Not  School/Daycare  Phone  Not  Allergies  Primary Language Spoken  Ongoing Medical	Home Phone Mobile Phone  Name  Home Phone Mobile Phone  Name  Home Phone Mobile Phone  Detailed information about your  Child's Full Name  Family Doctor  Phone Notes  School/Daycare  Phone Notes  School/Daycare  Phone Notes  Allergies Medication  Primary Language Spoken  Omgoing Medical Issues	Home Phone Mobile Phone Work Phone  Name Address  Home Phone Mobile Phone Work Phone  Name Address  Home Phone Mobile Phone Work Phone  Petailed information about your child Please  Child's Full Name Birth Date  Family Doctor Address  Phone Notes  School/Daycare Address  Phone Notes  Alderss  Phone Notes  Alderss  Aldress  Aldress  Aldress  Allergies Medication	Home Phone Mobile Phone Work Phone  Name Address  Home Phone Mobile Phone Work Phone  Name Address  Home Phone Mobile Phone Work Phone  Detailed information about your child Please fill out full det  Child's Full Name Birth Date  Family Doctor Address  Phone Notes  School/Daycare Address  Phone Notes  Address  Phone Notes  Address  Phone Notes  Allergies Medication Special Needs  Primary Language Spoken  Daily Routine (naps, meal times, any routines)  Other Notes (it	Name Mobile Phone Work Phone Overnight/Weekend Daytime/Evening Name Address Home Phone Mobile Phone Work Phone Overnight/Weekend Daytime/Evening Name Address Home Phone Mobile Phone Work Phone Overnight/Weekend Daytime/Evening Name Address Home Phone Mobile Phone Work Phone Overnight/Weekend Daytime/Evening  Detailed information about your child Please fill out full details for each dependent child Child's Full Name Birth Date Provincial Health Number  Family Doctor Address  School/Daycare Address  Phone Notes  School/Daycare Address  Address  Address  Address  Diet Special Needs	

2	Child's Full Name		Birth Date		Provincial Health Number			
Family Doctor					Address			
	Phone Notes							
Ī	School/Daycare			Address				
	Phone	Phone Notes						
	School/Daycare	School/Daycare School/Daycare			Address			
	Phone Notes  Allergies Medication							
					Special Needs			
	Primary Language Spoken	Ongoing N	⁄ledical	Issues		Diet		
	Daily Routine (naps, meal times, any routines)  Child's Full Name				or infants/toddlers, please make note of bi Id reacts to new situations)	reastfeeding, toilet training status,		
3			Birth Date		Provincial Health Number			
	Family Doctor				Address			
	Phone		Not	es				
	School/Daycare				Address			
	Phone		Not	es				
	School/Daycare		Address					
	Phone Notes							
	Allergies Medication				Special Needs			
	Primary Ongoing Medical Issues Language Spoken				Diet			
	Daily Routine (naps, meal times, any routines)					or infants/toddlers, please make note of br ld reacts to new situations)	eastfeeding, toilet training status,	

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

Adult's Full Name	Birth Date		Provincial Health Number		
					•
Support/Nursing Care Needs		Daily/Weekly	/ Therapy		
Other Notes					
				1	
Family Doctor	Address				
Phone					
Adult's Full Name		Birth Date		Provincial Health Number	

#### **Detailed Information about your pets**

Pet's Name	Details/Notes
Pet's Name	Details/Notes
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.