

# 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. Think about the people you have a connection with and have a link with your family members. It 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.

## 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? <input type="checkbox"/>

2

Name		Address	
Home Phone	Mobile Phone	Work Phone	Has agreed to be Coordinator? <input type="checkbox"/>

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 rely on them in an emergency.

## 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?

## Emergency Child Care Providers

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.

You may need someone available to take care of your child for a few hours on short notice. There might be daytime respite care (with specific set times) available through the MFRC. However, it is important to have people in mind that might be able to be more flexible. The Family Networks are a great way to connect with people that might fill this role.

## 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)

For School and Daycare, make sure you have your Care Coordinators listed on your child's pickup list.

If you have a child with extra needs, you'll have to put strong supports in place for your caregiver and your child. The Family Navigator Coordinator at the MFRC can provide assistance getting a plan in place.

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.