



Emergency Plan

Your personal information

Name: _____

Address: _____

Phone number: _____

Health card number: _____

Household members contact information

Home phone number: _____

Parent or guardian 1 (cell and work): _____

Parent or guardian 2 (cell and work): _____

Meeting place

Close by: _____

Out of area: _____

Contact list

Emergency Social Services, Fire department: 9-1-1 or _____

Police (non-emergency): _____

Poison Control: 1-844 POISON-X _____

School: _____

Work: _____

Other adults: _____

Neighbour(s): _____

Friends: _____

Out of area contact: _____

Other: _____

Place to stay

Name: _____

Phone: _____

Address: _____

Pets

Name: _____

Breed/License: _____

Name: _____

Breed/License: _____

Household specific needs

(Rescue inhaler, medications, wheelchair, Epinephrine Auto-injector, etc.)

Others
