

For:

EMERGENCY PLAN

Meeting Places

Safe meeting place near home: _____

Safe meeting place outside immediate neighbourhood: _____

Evacuation routes from neighbourhood: _____

Make sure the school or daycare has updated contact information for parents, caregivers and designated persons.

Designated Person 1: _____ Phone: _____

Designated Person 2: _____ Phone: _____

School contact information: _____

Plan for Pets

Location for pets (home of a friend or family member, pet friendly hotels or boarding services)

Location and contact number: _____

Special Health Needs

Fill in relevant information or the location of specific items or documents:

Accommodation Needs: _____

Insurance information: _____

Allergies: _____

Medical conditions: _____

Medication: _____

Medical Equipment: _____

Family medical history: _____

Recent vaccinations: _____

Health Screenings/Surgeries: _____

Grab and Go Bag: _____

For:

Your Family Name Here

EMERGENCY PLAN

Safe Home

Locations of fire extinguishers: _____

Water valve location: _____

Electrical panel location: _____

Gas valve location: _____

Floor drain location: _____

Annual Emergency Plan Checklist

- | | |
|---|--|
| <input type="checkbox"/> Review and update Emergency Plan | <input type="checkbox"/> Ensure floor drain is accessible and clear |
| <input type="checkbox"/> Review House Emergency Exits Floor Plan | <input type="checkbox"/> Confirm gas and water valves are clearly marked |
| <input type="checkbox"/> Review Neighbourhood Evacuation Route | |
| <input type="checkbox"/> Review Workplace Emergency Plan and replenish supplies | Legible copies of: |
| <input type="checkbox"/> Review school or daycare pick up protocols | <input type="checkbox"/> Birth and marriage certificates |
| <input type="checkbox"/> Meeting Places Plans | <input type="checkbox"/> Passports |
| <input type="checkbox"/> Plans for pets | <input type="checkbox"/> Licenses and Health Cards |
| <input type="checkbox"/> Update Special Health Need Information | <input type="checkbox"/> Wills |
| <input type="checkbox"/> Neighbourhood Safety Plan | <input type="checkbox"/> Land deeds |
| <input type="checkbox"/> Update Emergency Contact Numbers and Information | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Test carbon monoxide detectors and smoke alarms | |
| <input type="checkbox"/> Consult label regarding the life cycle of fire extinguishers, replace if necessary | |
| <input type="checkbox"/> Check first-aid kit, restock if necessary | |

**Inspect, replenish and
replace items as needed
in your**

- Home Emergency Kit**
- Car Emergency Kit**

For: _____ Your Family Name Here

EMERGENCY PLAN

Important Contact Information

Police: _____

Fire: _____

Poison Control: _____

Health Clinic: _____

Water: _____

Septic: _____

Hydro: _____

Gas: _____

City: _____

Family Doctor:

Name: _____

Phone: _____

Insurance Agent/Company:

Company: _____

Contact Name: _____

Policy Numbers: _____

Home Security System

Company: _____

Phone Number: _____

Out-of-town Contact

Name: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Email: _____

Family Contact

Name: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Email: _____

Other Contact

Name: _____

Phone: _____

Email: _____

Other Contact

Name: _____

Phone: _____

Email: _____