



Military Family Services
National Capital Region

Emergency Care Plan

A guide for families to share
with care providers

#1 Dependent care plan: Date of plan: _____

Dependent info:

Dependent's name	Relationship (child/parent/pet...etc)

Parent/caregiver info:

Parent/caregiver #1 name:	Email:
Preferred language: Eng Fr	
Phone #:	Address:
Parent/caregiver #2 name:	Email:
Preferred language: Eng Fr	
Phone #:	Address:

Plan A – (your usual plans)

Care during the day

Care provider's name:
Contact info (address, email and phone):

Extended hours care (evenings, weekends...etc)

Care provider's name:
Contact info (address, email and phone):

Notes:

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Plan B (back up plan)

- Who else may be able to assist you with care in an emergency (i.e. family, friend, neighbor, agency or coworker)?
- Can the care provider travel to you? If so, how long will it be until they can arrive to help?

Care provider's name:

Contact info (address, email and phone):

Care provider's name:

Contact info (address, email and phone):

Notes:

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#2 Emergency contact information

Emergency services: 911
Police:
Fire department:
Poison control:
Provincial health line:
Other important numbers:

#3 Dependent's medical history

If medication is required to be administered, please ensure your care provider has the following information:

- The name of the medication
- The dosage of the medication
- The time the medication is to be administered
- Where the medication is stored

Dependent's name	
Date of birth (day, month ,year)	
Health card number	
Allergies	
Health concerns	
Medication information	
Any additional important information (eating habits, temperament, routines/schedules, comfort items, toileting...etc)	

Dependent's name	
Date of birth (day, month ,year)	
Health card number	
Allergies	
Health concerns	
Medication information	
Any additional important information (eating habits, temperament, routines/schedules, comfort items, toileting...etc)	

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Allergies	
Health concerns	
Medication information	
Any additional important information (eating habits, temperament, routines/schedules, comfort items, toileting...etc)	

I consent that any medications listed above, may be administered by the care provider.

Parent/caregiver's signature:

Date:

#4 Tips to consider when preparing for an emergency

- Have your care provider visit your place of residence to meet everyone, or bring your dependents to the care provider's residence to familiarize themselves.
- If dependents will be staying at a care provider's residence, prepare an emergency bag. Ensure to include items such as a toothbrush, toothpaste, hairbrush, pajamas, an extra set of clothes, comfort items, medication, and anything else that will help make their stay easier.
- Share a copy of this plan with the care provider.
- Have a discussion with your dependents about your emergency care plan so everyone is aware.
- If you require care for an extended amount of time, ensure that pets and plants are cared for in your absence.