



MILITARY FAMILY SERVICES

Family - Emergency Care Plan (ECP)

PROTECTED "A" WHEN COMPLETED

One of the most important considerations of family readiness is to ensure that you and your family are taken care of during times of emergency and deployment. An MFS Emergency Care Plan (ECP) is very important for all members and their families, and is especially critical for single parents and dual military parents. This form will supplement form DND 2886-E (11-2012) CLF 2.0 and is for the confidential use of Military Family Services and/or local Chain of Command, in the case of an emergency.

An **MFS Emergency Care Plan** should be developed whether you expect to be away or not because there could always be an emergency. Taking care of these considerations now will ensure you, your family members and/or pets are adequately cared for in these situations. Emergency support is available in EMERGENCIES ONLY.

This is not a Mandatory Item; however, highly recommended. You may be required to have a FCP on file if you are requesting Emergency Childcare Funds for a particular situation.

PERSONAL INFORMATION	
Member's Last Name:	Member's First Name:
Spouse/Partner's Last Name:	Spouse/Partner's First Name:
Address:	Member's Phone:
	Spouse/Partner's Phone:
Child(ren) and/or Special Dependents living with you:	
Name	Date of Birth

This document will only be used in case of an emergency and you and your spouse are unavailable due to this emergency.

EMERGENCY CONTACT FOR CARE OF CHILD(REN)		
<i>Local (in your current area and has access with spare key or door code)</i>		
Name:	Address:	Phone:
Name:	Address:	Phone:

EMERGENCY CONTACT FOR CARE OF SPOUSE AND CHILD(REN)*Outside of your area*

Name:	Address:	Phone:
Name:	Address:	Phone:

DAYCARE AND/OR SCHOOL INFORMATION:*Where your child(ren) are during the day*

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

Please have a list of all the information you would want the child care provider to know in case you were not available. Things such as health concerns, diet concerns, comfort measures, nighttime routines, and any other day-to-day things that you feel would aid in making a stressful situation for your child(ren) a bit more manageable.

*** Please submit this form to your local Emergency Contact**

Have you completed this list? Yes No

ACKNOWLEDGMENTS:

Yes No I have thoroughly briefed all designated parties listed in this plan on the full extent of their responsibilities and information regarding my family.

STATEMENT OF UNDERSTANDING

I attest that the information on this form is accurate to the best of my knowledge, I will update information as necessary to keep the information current and I have read and understand the contents of this form.

I agree that my personal information that has been included in this form may be shared with outside parties in the event of an emergency.

Signature of Primary Parent/Guardian: _____ Date: _____

Signature of Secondary Parent/Guardian: _____ Date: _____