Family Emergency Planner

BAGOTVILLE MFRC

Bagotville MFRC
1775, rue Lucien-Lecompte,
C.P. 280, B116
Alouette, Quebec
G0V 1A0

www.crfmbagotville.com

CRFM Bagotville MFRC

418-677-7468

After hours:

Chaplain on duty
418-677-4000, extension 0

Family Information Line (FIL)– 24/7 service
1-800-866-4546

THE FAMILY EMERGENCY PLANNER

is a tool allowing you to set up your support network in case of emergency.

It is important, for the maintenance of your family's physical and mental health, to determine the people you trust in your surroundings. These people should be able to act and support you during an emergency, even if it occurs during a deployment, a course or any other situation specific to the reality of military life.

This document contains essential information so these people are able to take good care of your children, your animals and any other family obligations.

The information in this document should be updated as frequently as possible. The individuals to be contacted in the event of an emergency should be made aware of their presence in this planner and have had time to get acquainted with its content.

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1-FAMILY IDENTIFICATION INFORMATION

Parents

Name of **Parent 1:** _____ Employer: _____

Address:

Phone number (work): _____

Extension number: _____

Cell phone: _____ Phone number (home): _____

Languages spoken and understood: _____

Additional information: _____

Name of **Parent 2:** _____ Employer: _____

Address:

Phone number (work): _____

Extension number: _____

Cell phone: _____ Phone number (home): _____

Languages spoken and understood: _____

Additional information: _____

Name of **Parent 3:** _____ Employer: _____

Address:

Phone number (work): _____

Extension number: _____

Cell phone: _____ Phone number (home): _____

Languages spoken and understood: _____

Additional information: _____

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Child 1

Name of **Child 1:** _____

Main parent (please check):

☐ Parent 1 ☐ Parent 2

☐ Parent 3

Date of birth: _____

Health Insurance card: _____

Allergies: _____

Languages spoken and understood: _____

Health issues, chronic illness or special needs:

Medication (**if yes**, please specify dosages and where they are stored):

SCHOOL/EARLY CHILDHOOD CENTRE/DAYCARE

Name: _____

Adress:

Telephone: _____

Lunch (please check):

☐ At home

☐ At school/Early Childhood Centre/ daycare

☐ Other:

BUS number:

Pick-up and drop-off location:

Morning

Departure: ___:___

Return: ___:___

Afternoon

Departure: ___:___

Return: ___:___

Child 1's eating habits

Here are some helpful examples which could be useful:

- For a **baby**: feeding time, type of milk, quantity of milk, milk temperature, eats solids, type of food they eat, etc.
- For a **child**: favourite food or meals, hated food or meals, meal times, snack times, does the child eat on their own or needs help, etc.

Please specify any **allergies or food intolerance**.

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Child 2

Name of **Child 2:** _____

Main parent (please check):

☐ Parent 1 ☐ Parent 2

☐ Parent 3

Date of birth: _____

Health Insurance card: _____

Allergies: _____

Languages spoken and understood: _____

Health issues, chronic illness or special needs:

Medication (**if yes**, please specify dosages and where they are stored):

SCHOOL/EARLY CHILDHOOD CENTRE/DAYCARE

Name: _____

Adress:

Telephone: _____

Lunch (please check):

☐ At home

☐ At school/Early Childhood Centre/ daycare

☐ Other:

BUS number:

Pick-up and drop-off location:

Morning

Departure: ___:___

Return: ___:___

Afternoon

Departure: ___:___

Return: ___:___

Child2's eating habits

Here are some helpful examples which could be useful:

- For a **baby**: feeding time, type of milk, quantity of milk, milk temperature, eats solids, type of food they eat, etc.
- For a **child**: favourite food or meals, hated food or meals, meal times, snack times, does the child eat on their own or needs help, etc.

Please specify any **allergies or food intolerance**.

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Child 3

Name of **Child 3:** _____

Main parent (please check):

☐ Parent 1 ☐ Parent 2

☐ Parent 3

Date of birth: _____

Health Insurance card: _____

Allergies: _____

Languages spoken and understood: _____

Health issues, chronic illness or special needs:

Medication (**if yes**, please specify dosages and where they are stored):

SCHOOL/EARLY CHILDHOOD CENTRE/DAYCARE

Name: _____

Adress:

Telephone: _____

Lunch (please check):

☐ At home

☐ At school/Early Childhood Centre/ daycare

☐ Other:

BUS number:

Pick-up and drop-off location:

Morning

Departure: ___:___

Return: ___:___

Afternoon

Departure: ___:___

Return: ___:___

Child 3's eating habits

Here are some helpful examples which could be useful:

- For a **baby**: feeding time, type of milk, quantity of milk, milk temperature, eats solids, type of food they eat, etc.
- For a **child**: favourite food or meals, hated food or meals, meal times, snack times, does the child eat on their own or needs help, etc.

Please specify any **allergies or food intolerance**.

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Child 4

Name of **Child 4:** _____

Main parent (please check):

☐ Parent 1 ☐ Parent 2

☐ Parent 3

Date of birth: _____

Health Insurance card: _____

Allergies: _____

Languages spoken and understood: _____

Health issues, chronic illness or special needs:

Medication (**if yes**, please specify dosages and where they are stored):

SCHOOL/EARLY CHILDHOOD CENTRE/DAYCARE

Name: _____

Adress:

Telephone: _____

Lunch (please check):

☐ At home

☐ At school/Early Childhood Centre/ daycare

☐ Other:

BUS number:

Pick-up and drop-off location:

Morning

Departure: ___:___

Return: ___:___

Afternoon

Departure: ___:___

Return: ___:___

Child 4's eating habits

Here are some helpful examples which could be useful:

- For a **baby**: feeding time, type of milk, quantity of milk, milk temperature, eats solids, type of food they eat, etc.
- For a **child**: favourite food or meals, hated food or meals, meal times, snack times, does the child eat on their own or needs help, etc.

Please specify any **allergies or food intolerance**.

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Dependents

Name of **dependent 1:** _____

Relationship with Parent 1, Parent 2 or Parent 3:

Date of birth: _____

Health Insurance card: _____

Allergies: _____

Languages spoken and understood: _____

Health issues, chronic illness or special needs:

Medication (**if yes**, please specify dosages and where they are stored):

Additional information:

Name of **dependent 2:** _____

Relationship with Parent 1, Parent 2 or Parent 3:

Date of birth: _____

Health Insurance card: _____

Allergies: _____

Languages spoken and understood: _____

Health issues, chronic illness or special needs:

Medication (**if yes**, please specify dosages and where they are stored):

Additional information:

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Pets

Name of **animal 1:** _____ Species and breed: _____

Veterinarian: _____

Telephone: _____

Usual guardians: _____

Telephone: _____

Feeding time: _____

Amount of food: _____ Place where food is stored: _____

Additional information:

Name of **animal 2:** _____ Species and breed: _____

Veterinarian: _____

Telephone: _____

Usual guardians: _____

Telephone: _____

Feeding time: _____

Amount of food: _____ Place where food is stored: _____

Additional information:

Name of **animal 3:** _____ Species and breed: _____

Veterinarian: _____

Telephone: _____

Usual guardians: _____

Telephone: _____

Feeding time: _____

Amount of food: _____ Place where food is stored: _____

Additional information:

Family routine

Here are some examples which could be useful:

- For a **baby**: nap hour, bed time, whether the baby is still in diapers or is clean, days and times of daycare attendance, name of daycare educator, whether the baby has a reassuring object (a teddy bear, security blanket or pacifier), etc.
- For a **child**: wake-up time and bedtime routine, homework routine, favourite toy or game, registration for activities or sports, name and phone number of coaches, if applicable, etc.

Also enter any other information about your children, pets, dependents, home or others. You can also write down your daily routine if it can help your support network better help your family in case of an emergency.

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2-EMERGENCY CONTACTS

It is important that the people named in this section are aware that they could be contacted in the event of an emergency in your family. It is also important that at least **Person 1** knows the particulars of your home (e.g. access code, location of an emergency key, etc.).

Person 1

Name of the **Person 1**: _____

Relationship with the Family: _____

Phone number (work): _____

Phone number (home): _____

Cell phone: _____

Home address:

Languages spoken and understood:

Can respond:

- ☐ Immediately
- ☐ Short term (less than 24 hours)
- ☐ Medium term (more than 24 hours)

Is available:

- ☐ For a short period (0–24 hours)
- ☐ For a long period

Can help:

- ☐ Babysit WITHOUT sleep over
- ☐ Babysit WITH sleep over
- ☐ Transporting children
- ☐ Pet guardian
- ☐ Caring for home
- ☐ Other:

☐ This person is authorized to pick up the children from school, daycare, daycare or Early Children Centre.

Person 2

Name of the **Person 2**: _____

Relationship with the Family: _____

Phone number (work): _____

Phone number (home): _____

Cell phone: _____

Home address:

Languages spoken and understood:

Can respond:

- ☐ Immediately
- ☐ Short term (less than 24 hours)
- ☐ Medium term (more than 24 hours)

Is available:

- ☐ For a short period (0–24 hours)
- ☐ For a long period

Can help:

- ☐ Babysit WITHOUT sleep over
- ☐ Babysit WITH sleep over
- ☐ Transporting children
- ☐ Pet guardian
- ☐ Caring for home
- ☐ Other:

☐ This person is authorized to pick up the children from school, daycare, daycare or Early Children Centre.

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Person 3

Name of the **Person 3**: _____

Relationship with the Family: _____

Phone number (work): _____

Phone number (home): _____

Cell phone: _____

Home address:

Languages spoken and understood:

Can respond:

- ☐ Immediately
- ☐ Short term (less than 24 hours)
- ☐ Medium term (more than 24 hours)

Is available:

- ☐ For a short period (0–24 hours)
- ☐ For a long period

Can help:

- ☐ Babysit WITHOUT sleep over
- ☐ Babysit WITH sleep over
- ☐ Transporting children
- ☐ Pet guardian
- ☐ Caring for home
- ☐ Other:

☐ This person is authorized to pick up the children from school, daycare, daycare or Early Children Centre.

Person 4

Name of the **Person 4**: _____

Relationship with the Family: _____

Phone number (work): _____

Phone number (home): _____

Cell phone: _____

Home address:

Languages spoken and understood:

Can respond:

- ☐ Immediately
- ☐ Short term (less than 24 hours)
- ☐ Medium term (more than 24 hours)

Is available:

- ☐ For a short period (0–24 hours)
- ☐ For a long period

Can help:

- ☐ Babysit WITHOUT sleep over
- ☐ Babysit WITH sleep over
- ☐ Transporting children
- ☐ Pet guardian
- ☐ Caring for home
- ☐ Other:

☐ This person is authorized to pick up the children from school, daycare, daycare or Early Children Centre.

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3-LIST OF RESOURCES

Name: Grange aux lutins	
Website: https://www.cpebcdeslutins.com/cpe-la-grange-aux-lutins/a-propos/	
Contact Information: Laterrière 418-543-5984 info@cpebcdeslutins.com	**Description:** Solidarity cooperative offering quality childcare in facilities for children aged 0 to 5, days, evenings, and weekends.

Name:	
Website:	
Contact Information:	**Description:**

Name:	
Website:	
Contact Information:	**Description:**