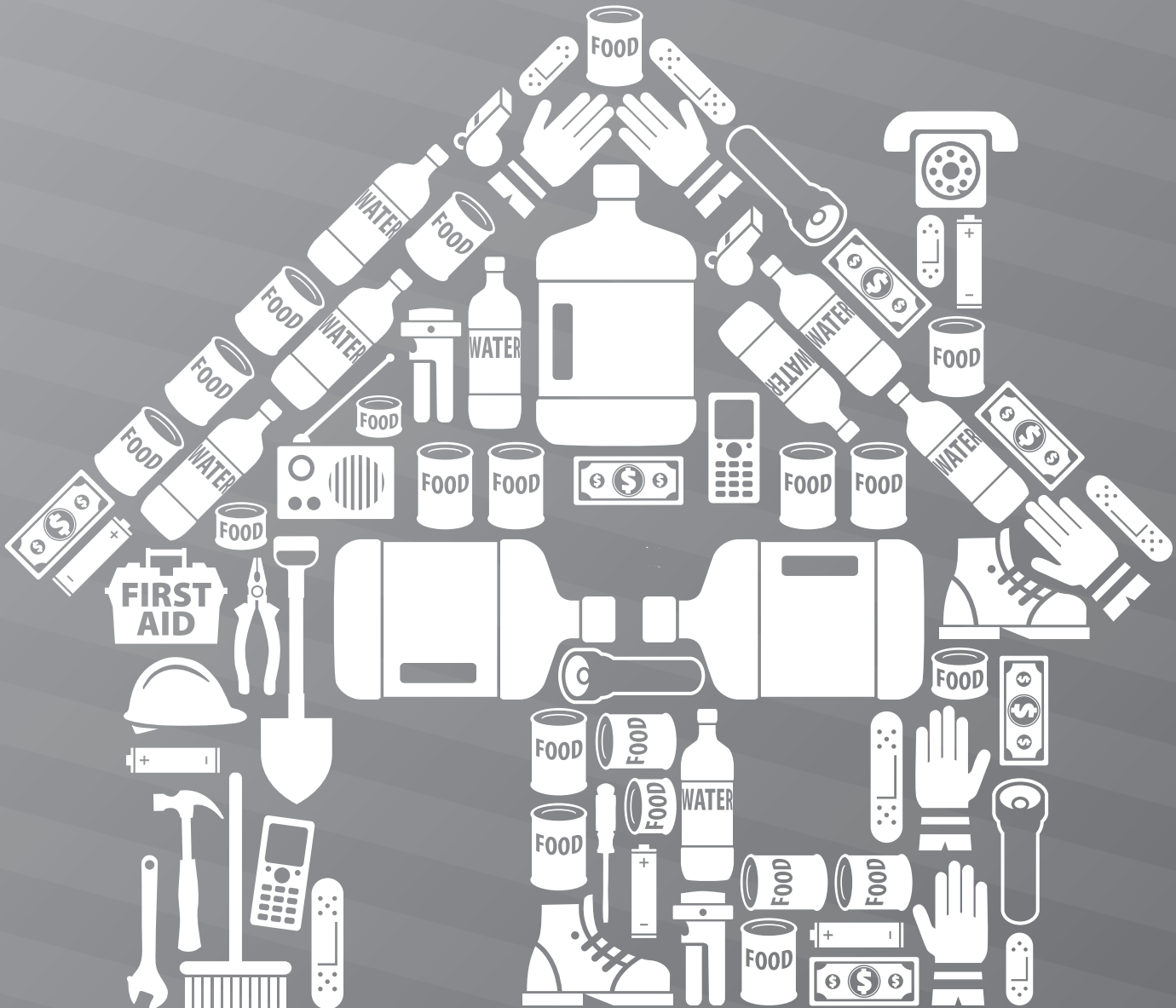


Fill-in-the-blanks Home Emergency Plan



Home address:

Contact information:

Full name:

Phone:

Email:

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<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Pet information:

Name:

Type/Breed:

Colour:

Registration/ID:

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Local hazards:

The hazards/disasters most likely to affect our home are:

Emergency meeting places:

The members of your home may not be together following a disaster. Choose one emergency meeting place near your home and one away from your home in advance.

1. Emergency meeting place near our home:

2. Emergency meeting place away from our home:

TIP:

Keep this plan in an easy-to-find, easy-to-remember place (for example, with your emergency kit). Make duplicate copies to keep in your grab-and-go bags

TIP:

Everyone you live with may not be together when a disaster occurs, so it's important to practice what you've planned so you know how to connect with each other in the case of an emergency. Be sure to discuss what you would do in different situations. Review and update your plan yearly.



TIP:

Your pets should wear current identification tags and have their vaccinations up-to-date at all times. Along with your information on their tag, also include the phone number of your out-of-area contact.

HOME EMERGENCY PLAN

School-aged children:

People designated to pick up children from school:

Name: _____ Phone: _____ Email: _____

TIP:

Inform your child(ren)'s school who you've designated to pick them up if you are unable.

School Name(s) And Address(es)

School name: _____ School name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

School name: _____ School name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

TIP:

Pack an envelope in your child(ren)'s backpack(s) that contains your contact information, their health information or special requirements, a recent photo together and your out-of-area-contact's information.

Out-of-Area Contact:

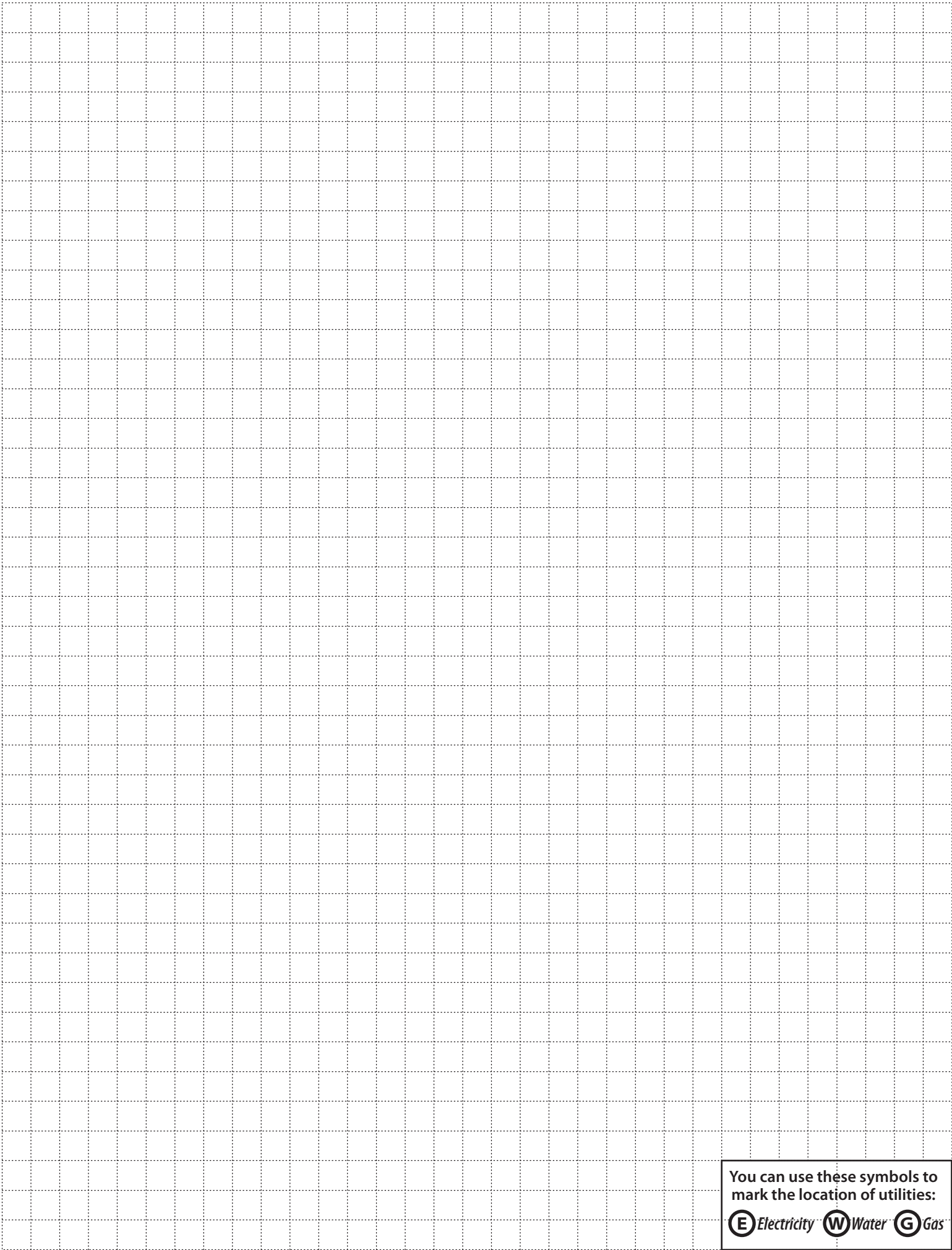
- This person can help pass messages between friends and family and be a point of contact for updates
- If local phone service is disrupted, phone or text your out-of-area contact and let them know where you are and how you are doing
- Keep the call short and, if possible, arrange a time to call back for another check-in

Name: _____
City/Province: _____
Phone: _____



TIP:

Check with your child(ren)'s school or daycare about their emergency plans. Ask how they will communicate with guardians during an emergency and what type of authorization they require to release your child(ren) to a designated person if you are unable to pick them up yourself.



You can use these symbols to mark the location of utilities:

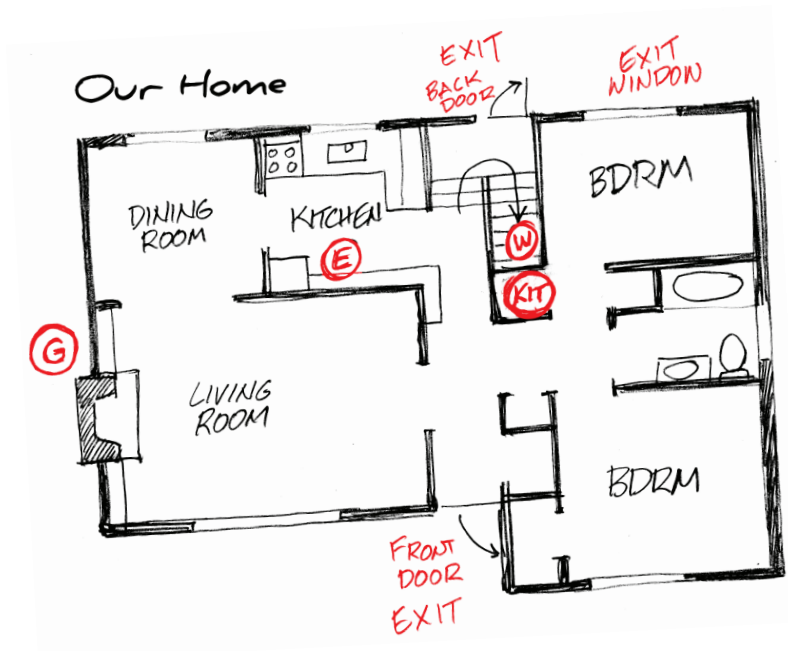
E Electricity **W** Water **G** Gas

HOME EMERGENCY PLAN

Our neighbours:

Name(s):	Name(s):	Name(s):
_____	_____	_____
Street address:	Street address:	Street address:
_____	_____	_____
Phone:	Phone:	Phone:
_____	_____	_____
Email:	Email:	Email:
_____	_____	_____
Skills/resources:	Skills/resources:	Skills/resources:
_____	_____	_____
Emergency role:	Emergency role:	Emergency role:
_____	_____	_____
Other notes:	Other notes:	Other notes:
_____	_____	_____

Name(s):	Name(s):	Name(s):
_____	_____	_____
Street address:	Street address:	Street address:
_____	_____	_____
Phone:	Phone:	Phone:
_____	_____	_____
Email:	Email:	Email:
_____	_____	_____
Skills/resources:	Skills/resources:	Skills/resources:
_____	_____	_____
Emergency role:	Emergency role:	Emergency role:
_____	_____	_____
Other notes:	Other notes:	Other notes:
_____	_____	_____



Health information:

Full Name:

Care card number:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Medications, medical equipment or other health information:

Full Name:

Additional health information:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Healthcare providers:

Name:

Phone:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

TIP:

Keep copies of birth and marriage certificates, passports, licences, wills, land deeds, insurance and other important documents in a safe place both inside and outside your home, such as a safety deposit box or give them to trusted friends or family who live out of town.

TIP:

If you take a prescription, talk to your doctor or pharmacist about how to keep an extra supply or valid prescription in your emergency kit and grab-and-go bags. Be sure to check it regularly and replace it before it expires. Also, store an extra set of contact lenses and prescription glasses, if possible.

HOME EMERGENCY PLAN

Shelter-in-place:

The room we would go to in our home if we are asked to “shelter-in-place” (that is, stay inside and seal off doors, windows and vents) is:

Utilities and landlord information:

1. Water valve location:

a. Utility company phone number:

2. Electrical panel location:

a. Utility company phone number:

3. Gas valve location:

a. Utility company phone number:

4. Landlord phone number:

Insurance information:

Contact information and policy numbers:

Home: _____

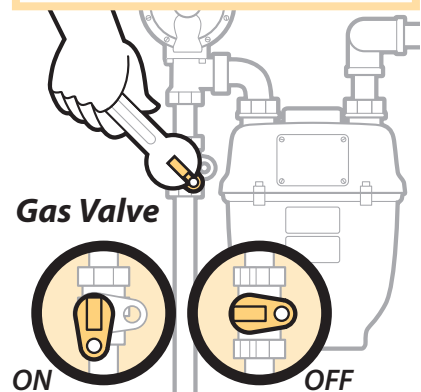
Auto: _____

Life: _____

Emergency kit location:

TIP:

If you suspect a gas leak, turn off the gas valve and leave immediately. **Do not try to turn it back on.** Only a licensed gas contractor can do that safely.



TIP:

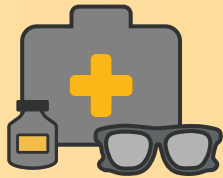
Make large, easy-to-see signs indicating the location of the water and gas shut-offs, as well as for the front of the electrical panel.



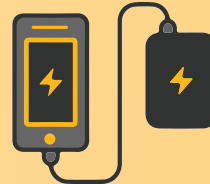
TIP:

Check with your insurance representative about what sort of assistance they can provide if you are evacuated from your home or cannot return.

Basic Emergency Kit Supplies



First-aid kit,
prescriptions
and other
personal items



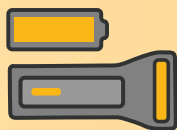
Phone charger
and battery bank



Battery-powered
or hand-crank
radio



Non-perishable food
for at least three
days to two weeks



Hand-crank or
battery-powered
flashlight with
extra batteries



Blanket, seasonal
clothing and
footwear



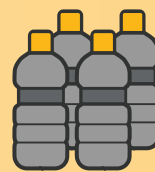
Whistle to
signal for help



Garbage bags,
moist towelettes
and plastic ties



Emergency plan,
copies of important
documents
and cash



Water for three
days to two weeks;
four litres per
person per day

Emergency Contact Information Cards

You and everyone you live with should carry this card at all times



EMERGENCY CONTACT INFORMATION CARD

- ◆ After a major disaster, local phone service may be limited, so phone your out-of-area contact to keep in touch with your loved ones
- ◆ Listen to the radio or TV for phone-use instructions, then call your contact person to say how you are, where you are and what your plans are
- ◆ Keep the call short and, if possible, arrange to call back at a specified time for another check-in



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- ◆ Keep the call short and, if possible, arrange to call back at a specified time for another check-in



Emergency Contact Information Cards

You and everyone you live with should carry this card at all times

Out-of-area contact Name: _____ City/Province: _____ Phone: _____ _____	Out-of-area contact Name: _____ City/Province: _____ Phone: _____ _____
Emergency meeting places Working days location: <i>daytime:</i> _____ <i>evening:</i> _____ Non-working days location: <i>daytime:</i> _____ <i>evening:</i> _____	Emergency meeting places Working days location: <i>daytime:</i> _____ <i>evening:</i> _____ Non-working days location: <i>daytime:</i> _____ <i>evening:</i> _____
Out-of-area contact Name: _____ City/Province: _____ Phone: _____ _____	Out-of-area contact Name: _____ City/Province: _____ Phone: _____ _____
Emergency meeting places Working days location: <i>daytime:</i> _____ <i>evening:</i> _____ Non-working days location: <i>daytime:</i> _____ <i>evening:</i> _____	Emergency meeting places Working days location: <i>daytime:</i> _____ <i>evening:</i> _____ Non-working days location: <i>daytime:</i> _____ <i>evening:</i> _____
Out-of-area contact Name: _____ City/Province: _____ Phone: _____ _____	Out-of-area contact Name: _____ City/Province: _____ Phone: _____ _____
Emergency meeting places Working days location: <i>daytime:</i> _____ <i>evening:</i> _____ Non-working days location: <i>daytime:</i> _____ <i>evening:</i> _____	Emergency meeting places Working days location: <i>daytime:</i> _____ <i>evening:</i> _____ Non-working days location: <i>daytime:</i> _____ <i>evening:</i> _____
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Out-of-area contact Name: _____ City/Province: _____ Phone: _____ _____	Out-of-area contact Name: _____ City/Province: _____ Phone: _____ _____
Emergency meeting places Working days location: <i>daytime:</i> _____ <i>evening:</i> _____ Non-working days location: <i>daytime:</i> _____ <i>evening:</i> _____	Emergency meeting places Working days location: <i>daytime:</i> _____ <i>evening:</i> _____ Non-working days location: <i>daytime:</i> _____ <i>evening:</i> _____

TIP:

If you, a friend or a family member has physical, medical, sensory or cognitive disabilities, or require(s) extra assistance, be sure to establish a support network of friends, relatives, health-care providers, co-workers and neighbours who understand these special needs.



Notes:

Local officials and community emergency contacts :

Name: _____

Emergency role: _____

Contact information: _____

Name: _____

Emergency role: _____

Contact information: _____

Name: _____

Emergency role: _____

Contact information: _____

