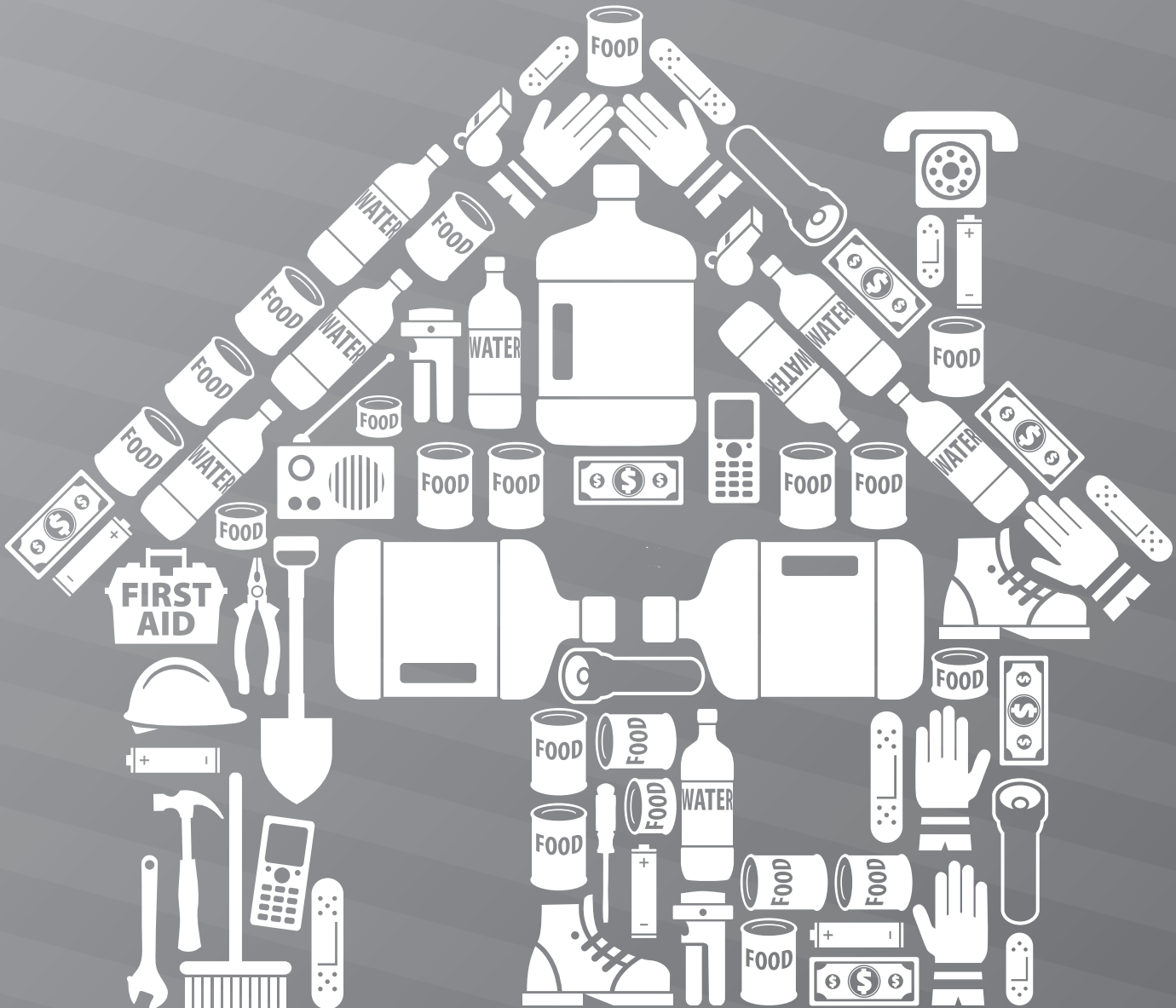


# Fill-in-the-blanks Home Emergency Plan



### Home address:

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### Contact information:

Full name:

Phone:

Email:

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

### Pet information:

Name:

Type/Breed:

Colour:

Registration/ID:

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

### Local hazards:

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

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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:

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2. Emergency meeting place away from our home:

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#### 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.

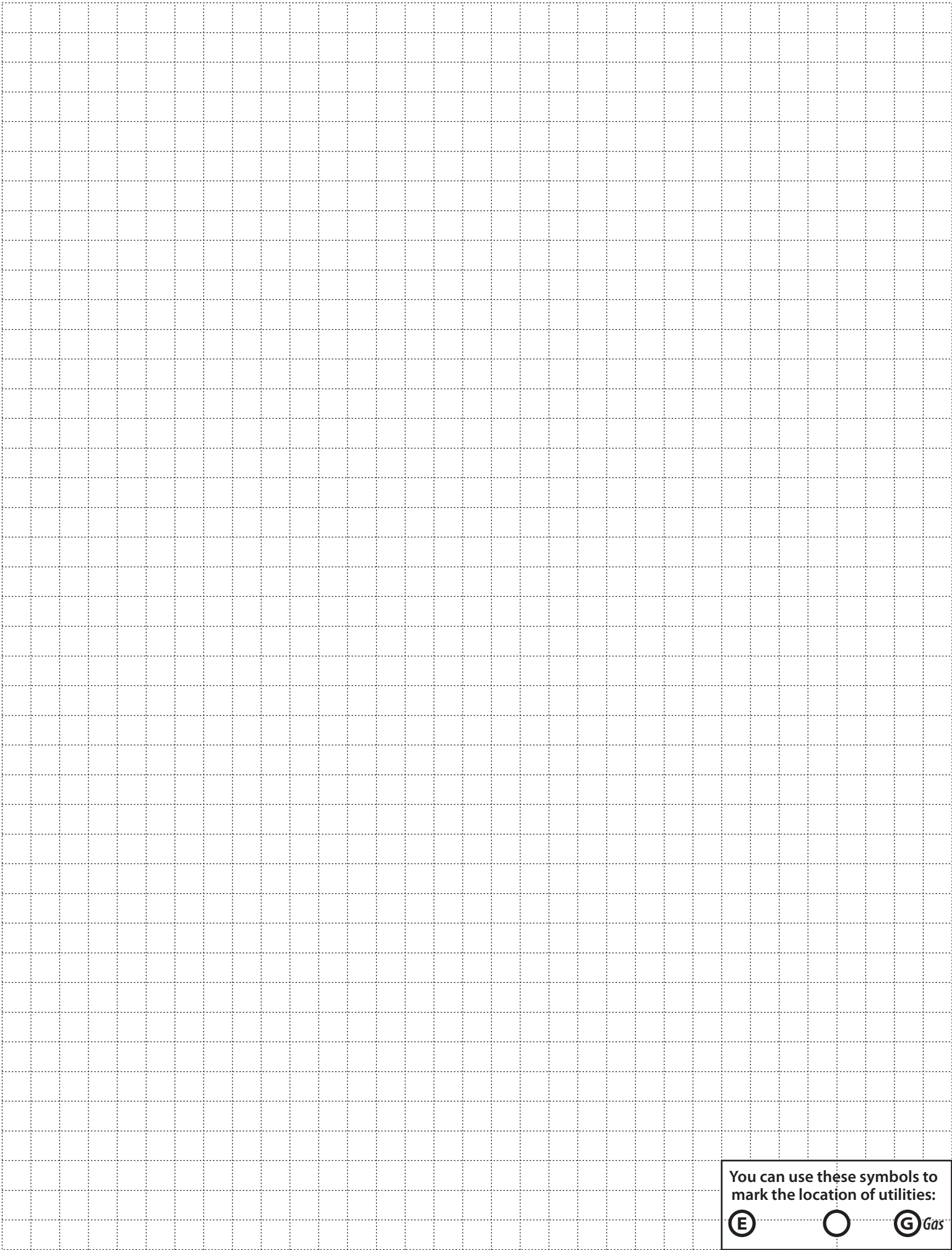
### Out-of-Area Contact:

- 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:

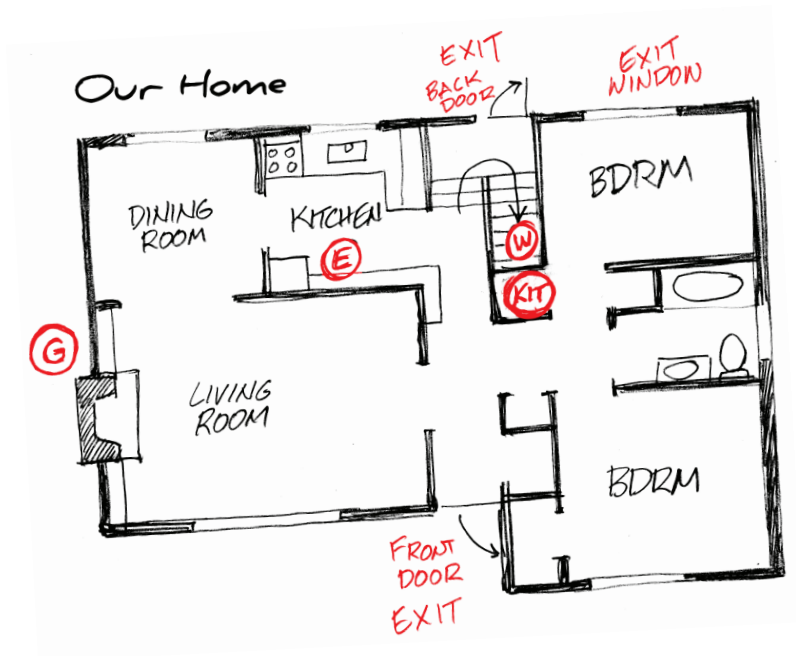


# HOME EMERGENCY PLAN

## Our neighbours:

<b>Name(s):</b>	<b>Name(s):</b>	<b>Name(s):</b>
_____	_____	_____
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:
_____	_____	_____

<b>Name(s):</b>	<b>Name(s):</b>	<b>Name(s):</b>
_____	_____	_____
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.

### 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:

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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:

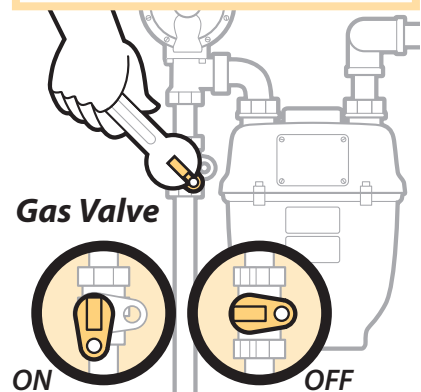
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**TIP:**

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:**

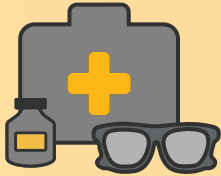
Make large, easy-to-see signs indicating the location of the water and gas shut-offs, as well as for the front of the electrical panel.



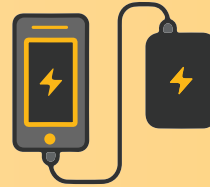
**TIP:**

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



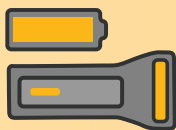
Phone charger  
and battery bank



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



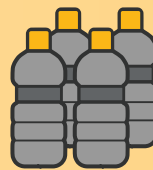
Whistle to  
signal for help



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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# Emergency Contact Information Cards

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

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



## HOME EMERGENCY PLAN

### Notes:

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### Local officials and community emergency contacts :

Name: \_\_\_\_\_

Emergency role: \_\_\_\_\_

Contact information: \_\_\_\_\_

Name: \_\_\_\_\_

Emergency role: \_\_\_\_\_

Contact information: \_\_\_\_\_

Name: \_\_\_\_\_

Emergency role: \_\_\_\_\_

Contact information: \_\_\_\_\_

