



# CREATING YOUR FAMILY PLAN

Keep your Family Plan at home—  
on your refrigerator or family bulletin board  
or in an easy-to-find place in case  
of emergency.

To create your plan, ask yourself (and answer) these questions:

- » Who depends on me for care? Who are the most reliable people to provide care?
- » Have you talked to your designated caregivers? Have they agreed to act in this capacity?
- » Do you have all possible contact numbers for each designate — home, office, mobile, etc.
- » If you have to be away, where would you want your family member to stay, at your home or at your designate's home?
- » What are your family members' needs? Think about medication, diet, a book or toy that would be a source of comfort.
- » Do you expect your designate to take your family member to appointments, events, etc.? If so, do they need a vehicle? What about a booster seat?
- » How will expenses be covered in your absence?
- » Consider providing a copy of this to all of your designated caregivers.

---

## **IMPORTANT:**

Talk to your family about your plan, so if an emergency occurs, they know the plan too.

When necessary, interview and request criminal record checks for all possible childcare providers **BEFORE** an emergency occurs.

Family members in your home may include your pets. Remember to plan for them as well.

---

**For support creating your Family Plan, contact the Mainland BC MFRC:**

604 225 2520 ext. 2518  
[info@bcmfrc.com](mailto:info@bcmfrc.com)



## Our Family

### YOUR INFORMATION

NAME	PHONE	EMAIL <i>(not a Canadian Forces email)</i>

### YOUR DEPENDENTS

NAME	YEAR OF BIRTH	IMPORTANT INFO <i>(medication, allergies, etc.)</i>

### PETS

NAME	TYPE	IMPORTANT INFO <i>(medications, etc.)</i>

## Notes



## CAREGIVER

NAME

RELATIONSHIP TO FAMILY

WORK PHONE

EMAIL

MOBILE PHONE

ADDRESS

IMPORTANT INFO

## ALTERNATIVE CAREGIVER

NAME

RELATIONSHIP TO FAMILY

WORK PHONE

EMAIL

MOBILE PHONE

ADDRESS

IMPORTANT INFO

## ALTERNATIVE CAREGIVER

NAME

RELATIONSHIP TO FAMILY

WORK PHONE

EMAIL

MOBILE PHONE

ADDRESS

IMPORTANT INFO



## Important Contacts

	NAME	PHONE	IMPORTANT INFORMATION
TEACHER			
DAYCARE			
DOCTOR			
PHARMACY			
VET			
FAMILY MEMBER			
FRIEND/NEIGHBOUR			
LANDLORD			
UNIT DUTY OFFICER			
OTHER			
OTHER			

## Documents

DOCUMENT	WHERE TO FIND IT
SIN CARD	
BIRTH CERTIFICATE/ADOPTION PAPERS	
PASSPORTS/VISAS	
POWER OF ATTORNEY	
HEALTH REPRESENTATION AGREEMENT	
OTHER	
OTHER	