

# 2-2-2 EMERGENCY PLAN

This is your plan to have someone care for your loved one if you became ill or had an accident. The following people have agreed to give care in an emergency.

**2 hours:**

Primary

Alternate

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Phone \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2 Days:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Phone \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2 Weeks:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Phone \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Each of the above have been given a copy of this sheet and a copy of "A Typical Day" schedule which includes any information about Day Care Centers if appropriate.