

Emergency Care Plan

(Short-Term Care Instructions for Your Child)

This Emergency Care Plan provides guidance for the temporary care of your child in the event you are unexpectedly unavailable due to illness, injury, travel disruption, or other emergency.

This document does not replace legal guardianship documents. It is meant to help caregivers know what to do right away.

1) Child Information

Child's Full Name: _____

Date of Birth: _____

Home Address: _____

2) Primary Emergency Caregiver

Name: _____

Phone Number: _____

Relationship to Child: _____

3) Backup Emergency Caregiver

Name: _____

Phone Number: _____

Relationship to Child: _____

**Note: Emergency caregivers may be different from long-term legal guardians*

4) Immediate Care Instructions

If I am unavailable, my child should:

- Be picked up by: _____
- Be picked up from (school/daycare): _____
- Stay overnight at: _____

If applicable, the following individuals **aren't** authorized to pick up my child:

5) Medical Information (Brief)

Primary Doctor / Pediatrician: _____

Doctor's Phone #: _____

Allergies: _____

Medications: _____

Health insurance information is located at:

**Full records details are kept separately and can be accessed if needed.*

6) Daily Routine & Comfort Notes (Optional but Helpful)

Morning routine notes:

Bedtime routine notes:

Comfort items (toys, blanket, music, etc.):

7) Special Care Needs (Applicable)

This section is especially important for children with medical, developmental, or sensory needs.

Communication needs:

Sensory sensitivities or triggers:

Calming strategies that work well:

Medical equipment or support required:

A Note for Caregivers:

You do not need to do everything perfectly. This information is meant to help you care for this child with confidence, compassion, and calm.

8) Important Contacts

School / Daycare Name: _____

Phone #: _____

Therapist / Specialist (if applicable): _____

Phone #: _____

Trusted family member or friend for support:

9) Location of Important Documents

- Identification / Birth Certificate
- Insurance Cards
- Estate Planning Documents
- Letter of Intent ([view guide](#))
- Emergency Card ([download](#))
- Other: _____

Documents are located at:

10) Parent / Legal Guardian Acknowledgement

I confirm that the information in this Emergency Care Plan is accurate to the best of my knowledge.

Parent / Legal Guardian Name: _____

Signature: _____

Date: _____

Review and update this Emergency Care Plan at least once a year or after any major life change.

Let's Take the Next Step Together

If this guide raised questions—or helped you clarify what's important—we invite you to connect when the time feels right.

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