

Appendix K: Staff Care Plan Documentation

Disaster Family Care Plan (Staff)

Name: _____

Department: _____

Location/Shift: _____

In the event of a major emergency in which I will not be able to go home and care for my family or pets, please call the individual(s) listed below and provide them with the instructions regarding the emergency.

Alternate Caregiver #1:

Name: _____

Address: _____

Daytime Phone: _____

Evening Phone: _____

Cell Phone: _____

Alternate Caregiver #2:

Name: _____

Address: _____

Daytime Phone: _____

Evening Phone: _____

Cell Phone: _____

Location of children or other dependents:

Name	School/Daycare Facility	Telephone/Cell Phone Numbers	Medications	Allergies

Other pertinent information:

Signature and Date