

Maine Caring Families
Emergency Plan

EMERGENCY INFORMATION:

Child: _____ A#: _____ DOB: _____

Guardian: _____ Town: _____ Phone: _____

Foster Parents: _____ Phone: _____

Primary Respite Parents: _____ Phone: _____

Secondary Respite Parents: _____ Phone: _____

Support Worker: _____ Phone: _____

Primary Care
Physician: _____ Address: _____ Phone: _____

Therapist: _____ Address: _____ Phone: _____

MEDICATION(S)

Medication name/ dosage/ instructions for administration/ name of prescribing physician

ALLERGIES (include reactions and antidotes)

STRENGTHS (include interests, preferences, tools and resources):

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BEHAVIOR ONE:

ANTECEDENTS (circumstances that may increase child's frustration and anxiety):

TEAM RESPONSES (how will adults engage with the child):

PAST SUCCESSFUL INTERVENTIONS (motivators and activities that help stabilize):

BEHAVIOR TWO:

ANTECEDENTS (circumstances that may increase child's frustration and anxiety):

TEAM RESPONSES (how will adults engage with the child):

PAST SUCCESSFUL INTERVENTIONS (motivators and activities that help stabilize):

BEHAVIOR THREE:

ANTECEDENTS (circumstances that may increase child's frustration and anxiety):

TEAM RESPONSES (how will adults engage with the child):

PAST SUCCESSFUL INTERVENTIONS (motivators and activities that help stabilize):