



My Personal Emergency Plan

Name of Student

IRAA SEP

Personal Emergency Plan (PEP)

Today's Date: _____

Completed By: _____

Instructions: To be completed by student, faculty, parent and/or caregiver.

In an emergency, people help each other. List some ways that you might be able to help others, and some ways that you might need some help.



→ Insert photo chosen by student of her/himself and friends/family.

I can help by: _____

→ Student may be encouraged to draw a picture of her/himself above as a helper in an emergency.



In an emergency, I may need help with:

→ Student may be encouraged to draw a picture of her/himself above receiving help in an emergency

PERSONAL INFORMATION

Child's Name: _____ Nick Name: _____

Child's Street Address: _____

City or Town: _____

Date of Birth: _____ Gender: _____ Height: _____ Weight _____

Hair Color: _____ Eye Color: _____

Identifying Marks: _____

Blood Type: _____ Allergies: _____

Primary spoken/understood language: _____

EMERGENCY CONTACT INFORMATION

Primary Emergency Contact Name: _____

Parents/Guardian Names: _____

Street Address: _____

City or Town: _____

Please provide contact information and circle the best methods for reaching you:

Home Phone: _____ Home Email: _____

Work Phone: _____ Work Email: _____

Mobile Phone: _____

FUNCTIONAL NEEDS: SUPPORT IN AN EMERGENCY

What strategies, tools, equipment or items bring comfort to

_____ ? **Please describe:**
(Insert student's name)

Does s/he have a favorite activity or object? Please describe: _____

→ Insert photo of stuffed animal, toys, objects, etc.

Is there anything else that you want emergency responders and school personnel to know about _____-?
(Insert student's name)

Please describe: _____



→ Optional photo of student and family member here: