



# My Personal Emergency Plan

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Name of Student

IRAA SEP

Personal Emergency Plan (PEP)

Today's Date: \_\_\_\_\_

Completed By: \_\_\_\_\_

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:

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

**PERSONAL INFORMATION**

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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**

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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: \_\_\_\_\_

AND

Secondary Emergency Contact Name: \_\_\_\_\_

Parents/Guardian Names: \_\_\_\_\_

Street Address: \_\_\_\_\_

City or Town: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Home Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

**OTHER INFORMATION**

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Please describe any additional information about emergency contacts in the space below including custody or other relevant matters that may enhance communication between \_\_\_\_\_ and the school. \_\_\_\_\_

(Insert student's name)

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**SERVICE PROVIDERS**

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Pediatrician: \_\_\_\_\_  
(name) (phone)

Physical Therapist: \_\_\_\_\_  
(name) (phone)

Occupational Therapist: \_\_\_\_\_  
(name) (phone)

Psychiatrist: \_\_\_\_\_  
(name) (phone)

Behavioral Health Counselor: \_\_\_\_\_  
(name) (phone)

Other Providers (PCA, etc.): \_\_\_\_\_  
(name) (phone)

Health Insurance Company and Policy Number: \_\_\_\_\_

The most critical information to know about: \_\_\_\_\_ is:  
(Insert student's name)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**FUNCTIONAL NEEDS: MEDICAL**

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Potentially life-threatening conditions: \_\_\_\_\_

\_\_\_\_\_

Conditions needing constant attention: \_\_\_\_\_

\_\_\_\_\_

Medicines: \_\_\_\_\_

\_\_\_\_\_

Life-sustaining medicines: \_\_\_\_\_

\_\_\_\_\_

Medical or adapted equipment (if used, please specify): \_\_\_\_\_

\_\_\_\_\_

Planning documents for life-threatening condition(s) are stored and located at:

\_\_\_\_\_

**FUNCTIONAL NEEDS: CRITICAL ISSUES**

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**Nutrition**

What accommodations are required to eat? \_\_\_\_\_

\_\_\_\_\_

Special Diet: \_\_\_\_\_

\_\_\_\_\_

**Hygiene**

Toileting/Bathing: \_\_\_\_\_

\_\_\_\_\_

**Sleeping**

Lighting: \_\_\_\_\_

\_\_\_\_\_

Sounds: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_



**FUNCTIONAL NEEDS: SUPPORT IN AN EMERGENCY**

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**During a disaster or emergency \_\_\_\_\_ is likely to**  
(Insert student's name)  
**need support or help in the following areas:**

Communication:

Reading \_\_\_\_\_ Writing \_\_\_\_\_ Reasoning \_\_\_\_\_ Hearing \_\_\_\_\_

Behavior Management and Mood (please describe): \_\_\_\_\_

\_\_\_\_\_

Hearing and Sight: \_\_\_\_\_

Mobility, Movement and Physical Stamina: \_\_\_\_\_

Taking Medicines and Monitoring Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Activities of Daily Living (dressing, grooming, tooth brushing, bathing, toileting, eating, drinking, sleeping): \_\_\_\_\_

\_\_\_\_\_

Service Animal(s) –Type/Function (please attach picture and name of service animal):

\_\_\_\_\_

Transportation: \_\_\_\_\_

Cultural Practices: \_\_\_\_\_

**FUNCTIONAL NEEDS: SUPPORT IN AN EMERGENCY**

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**What strategies, tools, equipment or items bring comfort to**

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

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

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→ 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: \_\_\_\_\_

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→ Optional photo of student and family member here: