



## IN CASE OF EMERGENCY 911

Hospital # \_\_\_\_\_

RCMP Detachment # \_\_\_\_\_

Other# \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Ph# \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Ph# \_\_\_\_\_

Additional household members names: \_\_\_\_\_

Land Location: \_\_\_\_\_ RM: \_\_\_\_\_

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Civic Address: \_\_\_\_\_

Directions /landmarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location of fire extinguishers: \_\_\_\_\_

\_\_\_\_\_

Pets or animals in house: \_\_\_\_\_

Special Considerations/Medications/Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Phone # \_\_\_\_\_

Neighbour #1 \_\_\_\_\_ Phone # \_\_\_\_\_

Neighbour #2 \_\_\_\_\_ Phone # \_\_\_\_\_

Household meeting place:

*(Safe This should be a place(s) where everyone should meet if you cannot go home or you need to evacuate)*

\_\_\_\_\_

\_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_