

My COVID 19 Safety Plan

Emergency Contacts:

1. _____
2. _____
3. _____

Who will care for my children if I become ill: _____

Who will prepare meals if I become ill: _____

Who will care for my pets if I become ill: _____

Quarantine Location: _____

Medical Conditions:

Family Member:	Allergies &/or Medical Conditions
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Primary Care Physician(s) & Contact Information:

Neighbors:

How will I pay my bills if I need to suspend payments for a short time? _____

How will I prepare now to keep my bills manageable? _____

