

COVID-19 EMERGENCY CONTACT FORM AND CHECKLIST

Name _____

Home Address _____

City, Province, Postal Code _____

Home Telephone # _____ Cell # _____

Emergency Contact Info:

(1) Name _____ Relationship _____

Address _____

City, Province, Postal Code _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

(2) Name _____ Relationship _____

Address _____

City, Province, Postal Code _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

Medical Contact Info:

Doctor Name _____ Phone # _____

Checklist:

- I have fully filled in both emergency contact information forms
- I have contacted at least two friends or family members and have informed them of my whereabouts and physical condition
- I have checked-in on family members over 65 years of age to ensure they have supplies and have self-quarantined
- I have stocked my house with two weeks worth of food and supplies
- I have enough medicine for at least 3 months, if needed
- I have visited local online Covid-19 resources such as the Central Lambton Family Health Team website (<https://centrallambtonfamilyhealthteam.com/>) or Facebook page (<https://www.facebook.com/CentralLambtonFamilyHealthTeam/>)