

My Daily Plan and Emergency Plan

The information below is to help people working with me to understand what is important to me, and how I would like you to help me. Also there is some emergency information here as well in case I can't tell you what I need.

| I use the fellowing a south is south | m and |
|----------------------------------------------------------|-------------------------------------------------------------|
| I use the following adaptive equip | ment |
| | |
| And I keep it | |
| | |
| During the day I go to | and the phone number is |
| | |
| These are the people who help m | e and how to get in touch with them. |
| My Staff is: | Phone: |
| | |
| | |
| Emergency Phone Numbers – if n | ny support staff aren't here or I need someone else to help |
| Emergency Phone Numbers – if n me, call these people. | ny support staff aren't here or I need someone else to help |
| | |
| me, call these people. | Phone: |
| me, call these people. Name: | Phone: Phone: |

| . My Medical Needs a | re: | | |
|------------------------|-------------------------|--------------------------------|-------------|
| | | | |
| . I take these Medicat | ons: | | |
| Medication: | Dose: | How Often: | |
| Medication: | Dose: | How Often: | |
| Medication: | | How Often: | |
| Medication: | | How Often: | |
| Medication: | Dose: | How Often: | |
| Medication: | Dose: | How Often: | |
| My Dr.'s Name is: | | Phon Phon Phon | |
| | | pital in the case of an emerge | |
| U U | ncy in my apartment her | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| In an emergency ple | ase call: | at: | to let them |