

HOME SAFETY & EMERGENCY PREPAREDNESS CHECKLIST



CHILDS NAME _____

EMERGENCY SETUP							
Emergency numbers are clearly visible (911, parents, medical team)							
Rescue plan is printed and easily accessible							
Rescue medications are accessible and not expired							
Emergency contacts are updated and easy to find							
MEDICATION SAFETY							
Medications are clearly labeled and organized							
Medication schedule is available for caregivers							
Backup medication supply is available if needed							
Expiry dates are checked regularly							
EQUIPMENT READINESS							
Medical equipment is functioning properly							
Equipment is fully charged or plugged in							
Backup batteries or supplies are available							
Monitoring devices are set up and working							

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READY FOR EMERGENCY VISITS							
Hospital bag is packed and ready							
Key documents are easy to grab quickly							
Transportation plan is clear							
Backup caregiver plan is in place							
Blanket / Pillow (for comfort)							
HOME SAFETY							
Safe space for seizures (clear of hazards)							
Sleeping environment is safe and monitored							
Feeding areas are safe and supervised							
Emergency access is not blocked							
IF SOMETHING HAPPENED RIGHT NOW...							
I know what to do							
I know where everything is							
I know who to call							
I feel prepared							

