

# TELEHEALTH CAREGIVER/PARTICIPANT EMERGENCY PLAN

Participant/Parent/Legal Guardian: \_\_\_\_\_

Warning signs or activators	• • •						
Internal coping strategies	• • •						
People and social settings that provide a distraction	• • •						
People/ Professionals who I can ask for help	• • •						
People a provider can call if they are concerned	<table border="0"> <tbody> <tr> <td>• Name:</td> <td>Contact #:</td> </tr> <tr> <td>• Name:</td> <td>Contact #:</td> </tr> <tr> <td>• Name:</td> <td>Contact #:</td> </tr> </tbody> </table>	• Name:	Contact #:	• Name:	Contact #:	• Name:	Contact #:
• Name:	Contact #:						
• Name:	Contact #:						
• Name:	Contact #:						
Ways I can make my environment safe	• • •						

\_\_\_\_\_  
Signature of Participant/Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Name