



## **Family COVID-19 Response Plan**

This document is a tool for families to use as they consider their own family emergency plans for responding to COVID-19. Sharing this with MICC staff is not a requirement.

You can find a very detailed document created by the State of Minnesota to store important emergency information (names of medications, health insurance, etc) in one place here: <https://mn.gov/mmb-stat/childrens-cabinet/covid-19-emergency-family-planning.pdf>.

### **Emergency Contacts & Caregivers**

#### Primary Emergency Contact

Name:

Phone Number:

Address:

Can drive participant to testing site or medical clinic: yes/no

Can quarantine participant in case of positive COVID-19 test at home: yes/no

Can coordinate care and medical needs in-person or at a distance: yes/no

#### Secondary Emergency Contact

Name:

Phone Number:

Address:

Can drive participant to testing site or medical clinic: yes/no

Can quarantine participant in case of positive COVID-19 test at home: yes/no

Can coordinate care and medical needs in-person or at a distance: yes/no

#### Additional Local Emergency Contact

Name:

Phone Number:

Address:

Can drive participant to testing site or medical clinic: yes/no

Can quarantine participant in case of positive COVID-19 test at home: yes/no

Can coordinate care and medical needs in-person or at a distance: yes/no

#### Back-Up Local Emergency Contact

Name:

Phone Number:

Address:

Can drive participant to testing site or medical clinic: yes/no

Can quarantine participant in case of positive COVID-19 test at home: yes/no

Can coordinate care and medical needs in-person or at a distance: yes/no

#### **Quarantine Considerations**

How will the participant obtain all needed medications during the quarantine period?

What activities will provide structure during an at-home quarantine?

What comfort items or routines are critical to continue during a quarantine period?