

## Emergency Coping Card

<p><b>Name:</b> <b>Health Card #:</b></p> <p><b>Emergency Phone Numbers:</b> <b>Support Person #1</b> <b>Name:</b> <b>Phone Number(s):</b></p> <p><b>Support Person #2</b> <b>Name:</b> <b>Phone Number(s):</b></p> <p><b>In case of an emergency Contact:</b> <b>Number:</b></p>	<p><b>Hospital Number (905)522-1155</b> <b>Emergency: 911</b> <b>Crisis Line (if needed)</b></p> <p><b>Medications;</b> <b>Name/ Dosage and Frequency:</b></p> <p><b>ALLERGIES:</b></p> <p><b>Other important health information:</b></p>
<p><b>Healthy Habits:</b> (Things I do over and over again that are good for me.)</p>	<p><b>Healthy Pleasures:</b> (Things that make feel good and are good for me)</p>
<p><b>High Risk Situations:</b> (Things I need to avoid to keep myself safe)</p>	<p><b>Warning Signs:</b> (That I am headed to a high risk situation)</p>
<p><b>Coping Skills:</b></p> <ol style="list-style-type: none"> <li>1. <u>Participate in a healthy pleasure</u></li> <li>2. <u>Call a support person</u></li> <li>3. <u>Ride the Wave</u></li> <li>4. _____</li> <li>5. _____</li> </ol>	