

OTHER PLANS TO PUT INTO PLACE:

My plan to care for any other family members is...	
My plan for self-care is...	
My plan for leaving work and/or missing work is...	
My plan for telling other family members is...	
My plan for telling my child's healthcare provider and school are...	
My plan to care for our pets is...	



A Behavioral Health Emergency Plan for My Child and Family

The term, behavioral health, includes conditions related to substance use, alcohol and drug addiction, serious psychological distress, suicide, and other mental health conditions.

Please complete one Emergency Plan for each child who lives in your house.

Parent/Guardian Name(s): _____ Primary Language: _____
Address: _____
Primary phone: _____ Secondary phone: _____
Email: _____ Email: _____
Child's Name: _____ Primary Language: _____
Translation/American Sign Language services needed? _____

CRISIS EMERGENCY CONTACT INFORMATION

Complete your child's doctor's and school contacts' phone numbers in the blank spaces below.

PHONE NUMBER	PROVIDER	USE FOR
9-1-1	Emergency 9-1-1	Life-threatening emergencies
855-543-5465	Kids' Link RI (collaboration of Bradley Hospital and Gateway Healthcare)	Non-life-threatening behavioral health crisis. Access to behavioral health care.
800-222-1222	Poison Control Center	Non-life-threatening ingestions
	Psychologist, Psychiatrist, or Therapist	Routine behavioral health care
	Pediatrician or Family Physician	Routine medical care
	Social Worker, Psychologist, Counselor, Nurse, Student Assistance Counselor (risas.org)	School notifications
401-414-LINK (5456)	BH Link 975 Waterman Ave., East Providence	24/7 hotline and walk-in triage center for individuals age 18+
401-444-4900	Hasbro Children's Hospital Emergency Department 593 Eddy St., Providence	Locating the emergency department
844-401-0111	Butler Hospital Patient Assessment Services 345 Blackstone Blvd., Providence	Locating patient assessment services

If you have to call 9-1-1 for an emergency, it is helpful to say this to the operator:

I am calling because my child is having a behavioral health crisis. I am concerned that my child has/is _____.
My child has a history of _____
Please come without lights or sirens. Our address is _____
We will meet you (insert location) _____

HELPFUL THINGS TO KNOW ABOUT MY CHILD:

My child’s preferred name and gender pronouns are	
The best way to approach and engage my child is by	
Triggers for my child are	
Things that frighten or worry my child are	
Things that calm my child are	
My child’s favorite activities are	
In addition to me, my child trusts/enjoys talking to/looks up to	
My child’s preferred foods include	
My child will not/cannot eat due to sensitivities/food allergies/strong dislikes	

MY CHILD HAS THE FOLLOWING FOOD, MEDICINE, OR OTHER ALLERGIES (E.G., LATEX):

MY CHILD TAKES THESE MEDICINES:

MY CHILD HAS BEEN DIAGNOSED WITH THE FOLLOWING MEDICAL AND/OR BEHAVIORAL HEALTH CONCERNS

MEDICAL CONCERNS

- ☐ Anemia (sickle cell, thalassemia)
- ☐ Arthritis
- ☐ Asthma or other lung condition
- ☐ Cancer
- ☐ Developmental/language or learning delay
- ☐ Diabetes
- ☐ Digestive condition
- ☐ Epilepsy or seizure disorder
- ☐ Genetic condition
- ☐ Hearing condition
- ☐ Heart condition
- ☐ Kidney condition
- ☐ Speech condition
- ☐ Vision condition
- ☐ Other: _____
- ☐ Other: _____

BEHAVIORAL HEALTH CONCERNS

- ☐ Aggression
- ☐ Anxiety and/or obsessive-compulsive disorder
- ☐ Attention-deficit hyperactivity disorder
- ☐ Autism
- ☐ Conduct disorder
- ☐ Depression
- ☐ Eating disorder
- ☐ Mood dysregulation
- ☐ Oppositional defiant disorder
- ☐ Psychosis (e.g., paranoia, auditory or visual hallucinations)
- ☐ Self-injurious behavior
- ☐ Substance use disorder
- ☐ Suicidal ideation or behaviors
- ☐ Trauma reactivity
- ☐ Other: _____
- ☐ Other: _____

PLAN TO KEEP OUR CHILD SAFE WHILE AT HOME

1. Keep over the counter (e.g., acetaminophen, ibuprofen) and/or prescription medicines in a locked cabinet or box.

2. If you have firearms in the home, consider removing them. If you can't, store firearms in a secure place, use gun safety locks, and store ammunition securely and separately.

3. Pay attention to your child’s moods and behaviors. If you notice significant changes, talk to your child and contact your pediatrician, family physician, and/or behavioral health provider.

4.

5.

6.



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SCAN ME

Use a lock bag or locked cabinet to securely store all over the counter and prescription medicines. Drop off unused or expired medicines at a local drop box site. Scan the QR code or visit [riprevention.org/campaigns](https://www.riprevention.org/campaigns) to order a free medicine lock bag or to find a drop box location near you.

ITEMS TO PACK FOR MEDICAL OR BEHAVIORAL HEALTH EMERGENCY CARE

IN CASE OF AN EMERGENCY, THE FOLLOWING ITEMS WILL BE PACKED:

<div>For parent/guardian:</div> <div><div>✓ Bottled water</div><div>✓ Change of clothes</div><div>✓ Earbuds/headphones</div><div>✓ Guardianship paperwork (if applicable)</div><div>✓ Medical insurance card</div><div>✓ Mobile phone battery charger</div><div>✓ Money/Wallet</div><div>✓ Snacks</div></div>	<div>For child:</div> <div><div>✓ Bottled water</div><div>✓ Change of clothes (including sleepwear)</div><div>✓ Favorite book or stuffed animal</div><div>✓ Sensory aids such as squeeze balls, weighted blankets, fidget toys</div><div>✓ Snacks</div><div>✓ Travel-size toiletries (including toothbrush)</div></div>
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WHEN WE SEEK BEHAVIORAL HEALTHCARE:

If we need help from professionals, we will follow these steps:

1.

2.

3.

4.

5.

The following concerns, behaviors, or scenarios will result in us seeking hospital care:

A.

B.

C.

D.

E.