

Emergency Plan for Carers

Having a plan in place can help ease your worries if you are not able to care for the person you look after at any point.

Fill in the information below and make sure your emergency contact knows where to find the information.

| About You | |
|-------------------------|-----------------|
| Your Name | |
| Your Address | |
| Your phone number | Home: |
| | Mobile: |
| Next of Kin | Name: |
| | Contact number: |
| The person you care for | |
| Their name | |
| Their address | |
| Their phone number | Home: |
| | Mobile: |
| Next of Kin | Name: |
| | Contact number: |

| | |
|---|--|
| Communication needs (hard of hearing/different language etc) | |
| Care required so the person can stay at home: (personal care/ help with medication/ help with nutrition etc) | |
| Mobility issues/walking aids? | |
| Allergies? | |
| Dietary requirements | |
| Medical conditions | |
| Medication (and where kept) | |
| Regular/ongoing treatment | |
| Accessing the property (key safe/spare key – please consider security and do not write the key code here) | |

| | |
|-----------------------|--------------------------------------|
| GP details | Surgery: |
| | Telephone Number: |
| | Name of GP: |
| If Applicable: | Care Co Ordinator/Key worker: |
| | Psychiatrist: |
| | Community Mental Health Team: |
| | Paid Care provider: |

| | |
|-----------------------------------|--|
| Any Additional Information | |
|-----------------------------------|--|

Emergency Contacts

Details of people who could assist in an emergency

| Name | Contact number |
|------|----------------|
| | |

| | YES | NO |
|--|-----|----|
| I hold welfare power of attorney for the person named above | | |
| I hold property and financial power of attorney for the person named above | | |
| An advance directive has been made | | |
| Details if above is yes | | |

Any other information (e.g. if not holding lasting power of attorney who does and contact details)

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Adult Social Care 0300 123 2224

Please give a copy of this plan to your chosen contacts

