

Emergency Information Form for Carers

Just in case something happens to you, have this form completed for peace of mind.

- Attach a copy of this sheet to GP notes for the Carer and cared for.
- Position it on or near the fridge or phone for others, such as friends, family, microproviders or paramedics.
- If you have one, attach a copy to your medical care plan.
- Phone the duty team at Somerset Direct on O3OO 123 2224 if you know that there is a time period that
 you won't be able to continue in your caring role, such as for a planned medical procedure, to reach and
 ask for temporary emergency respite.
- If you are at all concerned about what to do if you as a Carer are not going to be able to care for the person you look after, please call Somerset Carers on O8OO 31 68 6OO.

Name of cared for:
Name and contact details of main Carer
Keysafe code or key holder
Name and contact details of available family members
Diagnosis / condition requiring care
Medication and times of day / dosage
Care usually provided by the Carer (eg wash dress in the morning)
Notes for interim Carer (eg cared for's particular likes and dislikes, routines or needs, allergies, warnings)
Doctor's surgery
Care usually provided by others (eg list of care agencies / care provided by Carer / day care at a care home)
Carers preferences in an emergency (eg preferred care home or provider)
Correct as written on (date)