

CARERS EMERGENCY CARD SCHEME USE ONLY	Card Number: Charity Log Number:	Date Issued: Most Recent Review:
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Swindon Carers Emergency Card Scheme

Please complete the information below and return to Swindon Carers Centre to register

Carer(s) Name(s)		Cared for person(s) name(s)	
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All information below refers to the Cared For Person.

Can Cared for Person answer the door/ telephone?		Keysafe or access details	
Any other information about access? (e.g. pets, alarm system)		GP Name GP Contact Tel.	
Does the cared for person take medication?		Where is medication kept?	
Who else lives at the property?	<i>If children at home please confirm which school they attend.</i>		

Does the cared for person have any regular time away from the home? e.g. Day Centre; College; Respite Care. Please give details below including days and times if applicable.

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Does the Cared for person have any Social Worker / Key Worker / Home Care / other health or social care professional:

Name:		Name:	
Role:		Role:	
Telephone:		Telephone:	

EMERGENCY CONTACTS

In an emergency is there anyone who should be contacted to take over some, or all, of your caring role or may be in a position to 'check in' on the person you care for until alternative options can be considered?

Please state what relationship the contact is to the Carer.

Name:		Name:	
Address:		Address:	
Telephone:		Telephone:	
Work Tel:		Work Tel:	
Mobile:		Mobile:	
Key Holder:	Yes / No	Key Holder:	Yes / No

Note: You must ensure that the person(s) nominated have access to the property and know what to do in an emergency.

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Overview of Cared for Persons Needs

Please use the area below to give us additional information about needs the person you care for.

Please state the Condition / illness / disability of the cared for person	
Does the cared for person need help with the following	Please give FULL details of needs:
Communication? (include preferred language)	
Walking/ getting around in a wheelchair?	
Getting on/off - chair/ bed?	
Washing/ Dressing/ Undressing/ toileting?	
Preparing food/ drinks?	
Eating/ drinking (including any dietary requirements)?	
Assistance with medication?	
Day to day support (e.g. confused, anxious)?	
Memory loss / wandering?	
Behavioural problems?	
Night time needs?	
Likes / Dislikes/ Cultural needs?	
Other needs?	
Risks? How long are they normally left unsupervised?	

Your Consent:

Please confirm that you agree that we may share details from your Key Information sheet and your Emergency Card Plans with anyone named on them or with professionals/agencies that may be involved in providing emergency care. This includes your details being entered onto databases at Swindon Carers Centre, Swindon Borough Council/ SEQOL and at the Great Western Hospital. **It is your responsibility to inform us of any changes to the information provided so that we can keep your emergency plans up to date.**

Carer signature		Date	
Cared for person signature		Date	
If cared for person unable to sign, has this scheme been discussed with them?			Yes/No
Have you discussed this scheme with your contacts and do they agree to be a contact?			Yes/No

Updated: May 2016