



somerset  
carers  
part of CCS

# 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 0300 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 0800 31 68 600.

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) \_\_\_\_\_