



Connecting Carers
A better life for unpaid carers in Highland

Emergency Planning Document

At Connecting Carers we understand how uncertainty can lead to carer stress. This document is designed to help you plan who will step in for the short term if you have an unforeseen emergency. Once complete, please share with the people mentioned in this plan.

YOUR DETAILS AS THE CARER:

Name:		Date of Birth:	
Address:			
		Postcode:	
Telephone Home:		Telephone Mobile:	
e-mail:			
Next of kin:			
Contact Details:			
Relevant Medical Information:			

Does the person you care for live with you? (Please ✓). Yes No

What is your relationship to the person you care for?

DETAILS OF THE CARED FOR PERSON:

Name:		Date of Birth:	
Address: (If different to carer)			
		Postcode:	
Telephone Home:		Telephone Mobile:	
e-mail:			
Next of kin:			
Contact Details:			

Please describe the main health conditions (including allergies) of the cared for person.

Where is any medication kept and can the cared for person normally take it themselves?

Name, address & phone number of GP or other relevant agencies (such as care provider, social worker etc.):

What are the care needs of the cared for person?

Think of personal care, mobility, communication, food preferences, likes and dislikes, can they be left alone and if so, for how long?

Cared for persons normal routine:

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

EMERGENCY CARERS

These are the people you would ask to help you in an emergency. It could be that you are delayed getting back to the person you care for. It could be that you are unwell yourself or that you have twisted your ankle – anything that means you are unable to act as a carer in the short term.

Emergency Carer 1

Name:		Date of Birth:	
Address:			
		Postcode:	
Telephone Home:		Telephone Mobile:	
e-mail:			

Please sign to confirm you have read the plan and agree to help care for, in a short term emergency situation and your contact details being shared with others people mentioned in this plan.

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Emergency Carer 2

Name:		Date of Birth:	
Address:			
		Postcode:	
Telephone Home:		Telephone Mobile:	
e-mail:			

Please sign to confirm you have read the plan and agree to help care for, in a short term emergency situation and your contact details being shared with others people mentioned in this plan.

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Emergency Carer 3

Name:		Date of Birth:	
Address:			
		Postcode:	
Telephone Home:		Telephone Mobile:	
e-mail:			

Please sign to confirm you have read the plan and agree to help care for, in a short term emergency situation and your contact details being shared with others people mentioned in this plan.

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Please use this additional space and on the back page to detail any other relevant information

Please use this space to describe something relevant to the care situation not described in the emergency plan.