

CARERS EMERGENCY PLAN

We suggest you consider things you would need to put on an Emergency Care Plan if you were incapacitated for any reason. Eg. Medications, routines for mealtimes, bedtime, any allergies, back up contacts such as family, friends, care agencies.

Then consider where would be the most appropriate place to leave copies of this Eg. With neighbours or family, a copy on your kitchen wall etc.

Your name:	
Cared for name/s: (Including preferred name)	D.O.B.
Condition or diagnosis:	
Suggested back-up support eg family, GP, care agencies:	
Medication and times administered:	
<p style="text-align: center;">This form was created with the help and suggestions of the carers who attend the Melton Mowbray Carers Support Group</p>	

Routines eg getting up, snack and meal times, bedtime

Any issues with communication (hearing aid, glasses, speech etc)

Any issues with personal care and/or continence

Likes and dislikes Eg. Food and drink, TV programmes, pets,

Any other information

**VASL (Support for Carers) 1st Floor, Torch House, Torch Way, Northampton Road
Market Harborough Leicestershire, LE16 9HL Tel: 01858 468543**

Email: Maureen@supportforcarers.org

Registered Company No 7517828

Registered Charity No 1141274

VISIT US ONLINE
www.supportforcarers.org

