



CARERS EMERGENCY PLAN

Guidance and advice for starting your Emergency Plan

PLEASE DO NOT RETURN THIS FORM TO CARERS SUPPORT MERTON. KEEP IT IN A SAFE PLACE AND SHARE IT WITH ANY OF YOUR EMERGENCY CONTACTS.

As a Carer it is important to put together an emergency plan in case something happens and you may not be able to support the person you care for. Carers Support Merton has a template you can use to do this.

To create your Emergency Plan, you will need to know:

- Name, address and any other contact details of the person you care for.
- Emergency contact details of people who can provide replacement care.
- Any medication the person is taking.
- Any ongoing treatment they need.
- Their support, mobility and communication needs.

Putting your plan together

- Take your time to do this and make sure your emergency contacts are aware you have added them and their details are correct.
- Keep it somewhere safe and somewhere it can be found in an emergency.
- If the person you care for needs specific medication, write on the plan where this is kept and attach a prescription list, if possible.
- Let your GP know you are a Carer and have an Emergency Care plan at home.
- Give a copy of your plan to all of your emergency contacts.
- If the person you Care for has a social worker give them a copy.
- Pets think about alternative arrangements for them to be looked after if you are unable to.
- Update your plan if something changes.

If you would like support filling in your Emergency Plan, contact Carers Support Merton 0208-8646-7515.



CARERS EMERGENCY PLAN

1. CARER: PERSONAL DETAILS

Title:		
Name:		
Address/Postcode:		
Phone Number (1)		
Phone Number (2)		
Relationship to the person I care for		
Alternative keyholder for the person I care for		
Additional information		
Registered with Carers Support Merton (020 8646 7515)	Yes	

2. EMERGENCY CONTACTS (LIST IN ORDER OF PREFERENCE)

Name		Phone Number	
Name		Phone Number	
Name		Phone Number	

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3. PERSON YOU CARE FOR: PERSONAL DETAILS

Name/name known as	
Date of Birth (DD/MM/YYYY)	
Gender	
Contact Number	
Address/Postcode	

4. PERSON YOU CARE FOR: DISABILITY AND MEDICAL INFORMATION

Disability/condition	
Important medical information e.g. diagnosed health conditions, allergies, etc.	
Medications (dosage and time taken)	
GP Name/Contact Details	
Pharmacy Name/Contact Details	

5. PERSON YOU CARE FOR: SUPPORT NEEDS

Support Needs	
Communication Needs	



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Mobility Needs	
Cultural and personal preferences for care e.g. likes and dislikes, dietary requirements, etc.	
Does the cared for person have a current DNR (DO NOT RESUSCITATE) in place? Where is it located in your property?	
Other professionals involved (i.e. social worker, care coordinator)	

6. FURTHER INFORMATION

Is a registered Power of Attorney in place?	Property and financial affairs	Health and welfare
Name of Attorney/Attorneys (if applicable)		
Any other important information about the person you care for		
Date filled in (DD/MM/YYYY)		Date of Review

ADDITIONAL INFORMATION