

# Carer's emergency response form

If you have any questions about this service or need help completing this form, contact Carelink on 01275 888 801.

## Details of the main carer

Title			
First name			
Last name			
Address including postcode			
Telephone number	1	2	3
Email address			
Date of birth			
Does this person care for more than one person? If yes, state their names and PIN.			

## Details of the person being cared for

Title			
First name			
Last name			
Address including postcode			
Telephone number	1	2	3
Email address			
Date of birth			
Ethnic origin. Tick only one option	Prefer not to say		
	White British (English, Northern Irish, Scottish, Welsh)		
	White Irish		
	Gypsy or Irish Traveller		
	Other White		
	White and Black Caribbean		
	White and Black African		
	White and Asian		
	Other Mixed or multiple ethnic group		
	Bangladeshi		
	Chinese		
	Indian		
	Pakistani		
	Other Asian		
	African		
Caribbean			
Other Black			
Arab			
Other ethnic group			

## Medical information

Does the person being cared for take any of these essential medications?	Warfarin or similar blood thinning medication. If other, state:
	Insulin
	bottled or piped oxygen
GP name	
Surgery address including postcode	
Surgery telephone	

## Care needs

State details of the cared-for person's condition or illness: Include anything we would need to be aware of, such as difficulties in communicating:	
State any allergies that the cared-for person has	
State any equipment that the cared-for person is dependent on for mobility. For example wheelchair, hoist, stair lift:	
How long can the cared-for person be left alone? Tick only one box.	<input type="checkbox"/> never
	<input type="checkbox"/> up to one hour
	<input type="checkbox"/> half a day
	<input type="checkbox"/> all day only
	<input type="checkbox"/> all night only

## Emergency instructions

If you are involved in an emergency, what would you like to happen to ensure the needs of the cared-for person are met?	
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## Services used

State contact details of any services or organisations that the cared for person uses regularly that we should be aware of. If they don't use the services identified, leave the details blank. If the cared-for person uses more than one day centre or club, provide details at the end of this form.

<b>Homecare provider</b>	
Contact name	
Address including postcode	
Telephone	
Details of visits or services provided	
<b>School or college</b>	
Contact name	
Address including postcode	
Telephone	
Days and times attended	
Transport used to get to school or college	
<b>Day centre or lunch club</b>	
Contact name	
Address including postcode	
Telephone	
Days and times attended	
Transport used to get to centre or club	
<b>Day centre or lunch club</b>	
Contact name	
Address including postcode	
Telephone	
Days and times attended	
Transport used to get to centre or club	

## About the cared for person's home

For security reasons, if the cared-for person's home has a key safe or burglar alarm installed, please send the code and the cared-for person's name separately to: **Carelink, Town Hall, Walliscote Grove Road, Weston-super-Mare, BS23 1UJ.**

Is a burglar alarm fitted?	yes	If yes, where is the control panel?
	no	
Is a key safe fitted?	yes	If yes, where is it fitted?
	no	
Is a community alarm fitted?	yes	If yes, what service is it? For example Carelink.
	no	
State details of any utilities provided by pay meter. Include locations of the meters		

## Emergency contacts

<b>First emergency contact</b>		
First name		
Last name		
Address including postcode		
Telephone number	1	2
Relationship to cared-for person		
What type of support do they provide in an emergency?		
Approximate age		
Have they agreed to be a nominated contact?	yes	
	no	
What times can we contact them?		
<b>Second emergency contact</b>		
First name		
Last name		
Address including postcode		
Telephone number	1	2
Relationship to cared-for person		
What type of support do they provide in an emergency?		
Approximate age		
Have they agreed to be a nominated contact?	yes	
	no	
What times can we contact them?		

## Key holders

First key holder			
First name			
Last name			
Address including postcode			
Telephone number	1	2	3
Approximate age			
What times can we contact them?			
Second key holder			
First name			
Last name			
Address including postcode			
Telephone number	1	2	3
Approximate age			
What times can we contact them?			

## Additional information

How did you hear about this service?	
Is there anything else we need to know?	
Carer's name	
Date	

<b>FOR OFFICE USE ONLY</b> Card number	
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