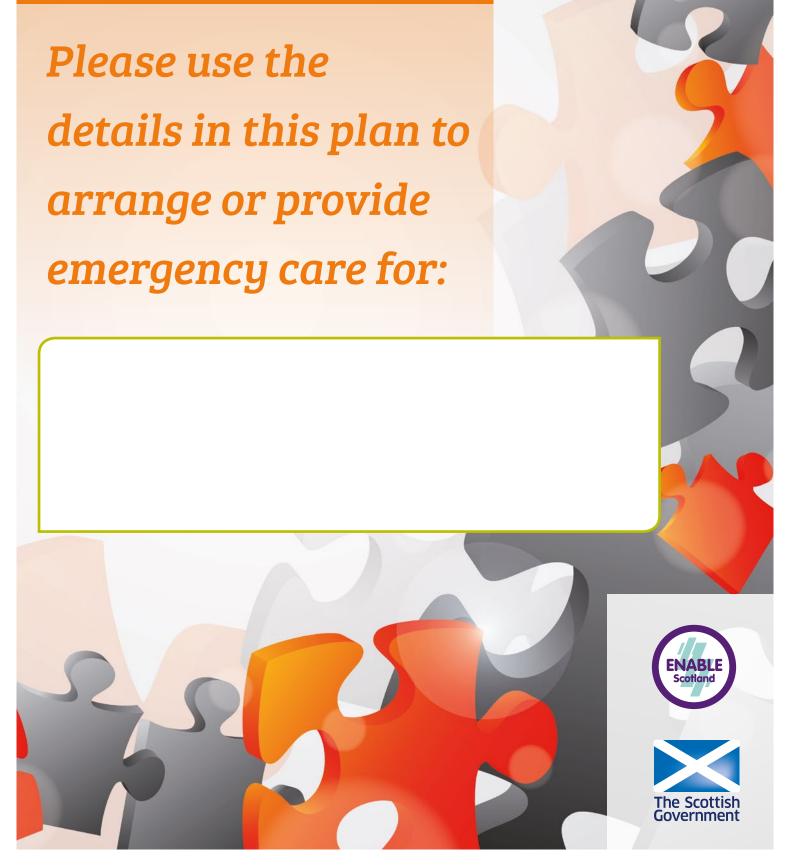
Emergency Plan



Personal Details

Name	
Known as / prefers to be called	
Known as / prefers to be called	
Address	
Date of Birth	Religion / Faith
Telephone numbers	
Next of Kin	
ls a guardianship order in place	? Please provide details
Is there a Power of Attorney? Pl	ease provide details
Likes	Dislikes
Lines	Distinces

Needs of the person being cared for

Routine

Personal Care
Mobility
Vulnerabilities
Vallerabilities
Triggers and strategies
Other

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

4

Emergency Contacts

Emergency Contacts

Emergency Contact 1		
Name		
Address		
Home Number		
Mobile Number		
Work Number		
Relationship		
Keyholder? Yes/No (delete as a	ppropriate)	Access to keysafe? Yes / No (delete as appropriate)
What help can the in an emergency? Days / times, care support, transport	and	
Please sign to ack you have read this can help in an emo	s plan and	
Emergency C	Contact 2	
Name		
Address		
Home Number		
Mobile Number		
Work Number		
Relationship		
Keyholder?		Access to keysafe?
Yes/No (delete as a	ppropriate)	Yes / No (delete as appropriate)
What help can the in an emergency? Days / times, care support, transport	and	
Please sign to ack you have read this can help in an emo	s plan and	

Emergency Contact 3		
Name		
Address		
Home Number		
Mobile Number		
Work Number		
Relationship		
Keyholder? Yes/No (delete as a	ppropriate)	Access to keysafe? Yes / No (delete as appropriate)
What help can the in an emergency? Days / times, care support, transport	and	
Please sign to ack you have read this can help in an emo	plan and	
Emergency C	Contact 4	
Name		
Address		
Home Number		
Mobile Number		
Work Number		
Relationship		
Keyholder?		Access to keysafe?
Yes/No (delete as a	ppropriate)	Yes / No (delete as appropriate)
What help can the in an emergency? Days / times, care support, transport	and	
Please sign to ack you have read this can help in an eme	plan and	

6

Health Food

Health conditions	Allergies
Where is medication kept?	
Name and address of pharmacy	/
Name and address of GP	

Communication

Alternative communication methods e.g Makaton, British Sign Language, behaviour cues		

 $oldsymbol{8}$

Useful Contacts

Care Agency	
Name	
Address	
Contact Number	
Care Provided (days, hours etc.)	
Social Worke	r / Care Manager
Name	
Address	
Contact Number	
Other	
Name	
Address	
Responsibility	
Contact Number	
This plan has	been shared with the following agencies:

Other relevant information		
Pets in household (if applicable)		

Name Species What are the emergency care arrangements?

10 11

