

Emergency Plan

*Please use the
details in this plan to
arrange or provide
emergency care for:*



Personal Details

Name

Known as / prefers to be called

Address

Date of Birth

Religion / Faith

Telephone numbers

Next of Kin

Is a guardianship order in place? Please provide details

Is there a Power of Attorney? Please provide details

Likes

Dislikes

Needs of the person being cared for

Personal Care

Mobility

Vulnerabilities

Triggers and strategies

Other

Routine

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Emergency Contacts

Emergency Contact 1

Name	
Address	
Home Number	
Mobile Number	
Work Number	
Relationship	
Keyholder? Yes/No (delete as appropriate)	Access to keysafe? Yes / No (delete as appropriate)
What help can they provide in an emergency? Days / times, care and support, transport, etc.	
Please sign to acknowledge you have read this plan and can help in an emergency	

Emergency Contact 2

Name	
Address	
Home Number	
Mobile Number	
Work Number	
Relationship	
Keyholder? Yes/No (delete as appropriate)	Access to keysafe? Yes / No (delete as appropriate)
What help can they provide in an emergency? Days / times, care and support, transport, etc.	
Please sign to acknowledge you have read this plan and can help in an emergency	

Emergency Contacts

Emergency Contact 3

Name	
Address	
Home Number	
Mobile Number	
Work Number	
Relationship	
Keyholder? Yes/No (delete as appropriate)	Access to keysafe? Yes / No (delete as appropriate)
What help can they provide in an emergency? Days / times, care and support, transport, etc.	
Please sign to acknowledge you have read this plan and can help in an emergency	

Emergency Contact 4

Name	
Address	
Home Number	
Mobile Number	
Work Number	
Relationship	
Keyholder? Yes/No (delete as appropriate)	Access to keysafe? Yes / No (delete as appropriate)
What help can they provide in an emergency? Days / times, care and support, transport, etc.	
Please sign to acknowledge you have read this plan and can help in an emergency	

Health

Health conditions

Allergies

Where is medication kept?

Name and address of pharmacy

Name and address of GP

Food

Special dietary requirements

Support needed at mealtimes

Communication

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

Useful Contacts

Care Agency

Name	
Address	
Contact Number	
Care Provided (days, hours etc.)	

Social Worker / Care Manager

Name	
Address	
Contact Number	

Other

Name	
Address	
Responsibility	
Contact Number	

This plan has been shared with the following agencies:

Other relevant information

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Pets in household (if applicable)

Name	Species	What are the emergency care arrangements?

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ENABLE Scotland is funded by The Scottish Government to deliver the 'Picking Up The Pieces' project which will increase access to emergency planning for carers across Scotland.



ENABLE Scotland

Leading the way in learning disability

ENABLE Scotland is a charity registered in Scotland No SC009024.