Carers Emergency Card
Registration Form

Carer details			
Name:			Date of birth:
Address:			
			Postcode:
Telephone numbers:	Home:	Work:	Mobile:

Details of the person being cared for			
Name:			Date of birth:
Address:			
			Postcode:
Telephone numbers:	Home:	Work:	Mobile:
GP name and address:			
What is the condition of the 'cared for'? **Learning Disability, Autism, Dementia, Physical Disability etc.**			
What is their relationship to you: **(Husband, Wife, Son, Daughter, Other)**			

You must ensure that the person(s) nominated has access to the property and will know what to do in an emergency.

This information will be treated in confidence and shared only in an emergency or if we are concerned with your welfare or the welfare of the person being cared for.

If you **don't** have a nominated person or the nominated person is not available, Delta Wellbeing staff will contact Social Care Services who will respond and ensure that alternative arrangements can be made for the person being cared for.

Please ensure that all nominated people are aware that they will be providing interim unpaid care.

Nominated Person Information			
Nominated Person – First Contact			
Name:			Date of birth:
Address:			
			Postcode:
Telephone numbers:	Home:	Mobile:	
Relationship to the person being cared for:			
Nominated Person – Second Contact			
Name:			Date of birth:
Address:			
			Postcode:
Telephone numbers:	Home:	Mobile:	
Relationship to the person being cared for:			
Nominated Person –Third Contact			
Name:			Date of birth:
Address:			
			Postcode:
Telephone numbers:	Home:	Mobile:	
Relationship to the person being cared for:			

Information to share with the Emergency Services		
What does the person you care for need help with? (please circle yes or no)		
Taking tablets or other medicines	**Yes**	**No**
Mobility – Needs assistance with walking/getting around / uses a wheelchair	**Yes**	**No**
Washing and dressing	**Yes**	**No**
General day to day support (maybe confused or prone to agitation)	**Yes**	**No**
Preparing food and drinks (are there any dietary needs?)	**Yes**	**No**

Please add any other details here:
How would the Emergency Services get in? (Please describe who has a key or where the key is kept or how it can be accessed). Are there any hazards getting into the property. Are there any pets?
Please tell us about any other support services the person being cared for receives e.g. home care / day care:

Service In Place	Name of Company	How Often

Other information that is important Please tell us anything else that may be useful in an emergency, including whether you have a pet and what you want us to do with it.

I hereby agree that the above information can be held on file and used in an emergency situation and that all nominees are aware that they will provide interim unpaid care in an emergency.	
Carers Signature:	Date:
Dependents Signature:	Date: