

Carers Emergency Card Scheme - Registration Form

Carer's details		Details of person cared for	
Title:			Title:
Forename:			Forename:
Surname:			Surname:
Address:			Address (if different from carer):
Postcode:			Postcode:
Telephone No:			Telephone No:
Mobile No:			Mobile No:
Date of birth:			Date of birth:
Relationship to person I care for:			
Cared for person's GP			
GP name:			
Address:			
Telephone No:			
Please give details of family or friends who live locally and are willing to be contacted in an emergency. At least one telephone number must be provided for each emergency contact, otherwise they cannot be registered.			
Emergency Contact			
Name:			
Address and postcode:			
Home tel no:			Work no:
Mobile no:			Relationship to you:
Do they have a key to your house? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Emergency Contact			
Name:			
Address and postcode:			
Home tel no:			Work no:
Mobile no:			Relationship to you:
Do they have a key to your house? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Emergency Contact			
Name:			
Address and postcode:			
Home tel no:			Work no:
Mobile no:			Relationship to you:
Do they have a key to your house? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Can the person you care for answer the door? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, how would help get into the home of the person you look after?	
Do you have a key safe? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where is it located?	
Are there any pets? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what are they and where are they?	
Who will look after your pets in case of emergency?	
Does the person you care for have a medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please give details	
Do they have any communications needs? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes please give details	
What help do they need?	
Morning	Lunchtime
Tea time	Evening/Night time
Do you help with medication? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have an up to date list of all medications? Yes <input type="checkbox"/> No <input type="checkbox"/> Where is the list and medication kept?	
It is recommended that you keep an up to date list of all medications, including when and how they should be taken.	
Do you help with meals and helping to eat and drink? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details	
Do you help with getting to the toilet? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Do you help them to get washed and dressed? Yes No

If yes, please give details

Is there any other support that will have to be provided in an emergency?

Things to watch out for (eg changes in behaviour, aspects of their condition)

Is there anything that anyone should be aware of eg fears; allergies?

What would you like others to take into account when stepping in to look after the person you care for?

Do you currently receive any services? Yes No

If yes, please give details

Any additional information (please continue on a separate sheet if required)

I agree to this information being stored on the Adult Social Services' database and paper files. It can be used in an emergency to help provide timely and appropriate support to the person I care for.

I understand and agree that this form will be shared with health, emergency services, social services and other agencies as appropriate to ensure care is provided in an emergency.

I hereby agree that the above information, as it relates to me, can be held on file and used to implement an emergency response.

Signed (carer)

Signed (cared for person)

Your nominated contacts will not be registered without their signature.

Signed (1st emergency contact)

Signed (2nd emergency contact)

Signed (3rd emergency contact)

<i>For office use only</i>	Card No	Date Registered
----------------------------	---------	-----------------

Please return form to: P Battersby, Adult Social Services, City of Cardiff Council, Room 364, County Hall, Cardiff CF10 4UW.