

Emergency Plan



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

A large, empty rectangular box with a green border, intended for handwritten details of the emergency care plan.



Personal Details

Name

Known as/prefers to be called

Address

Date of Birth

Religion/Faith

Telephone numbers

Next of Kin

Is there a Power of Attorney? ☐ Please provide details.

Welfare ☐

Financial (continuing) ☐

Does the Power of Attorney cover deprivation of liberty? YES ☐ NO ☐

Personal Details

Has the Power of Attorney been activated? YES ☐ NO ☐

If no, what steps are required to activate. Please provide details

Is a guardianship order in place? ☐ Please provide details.

Does the Carer have an Emergency Carer Card? YES ☐ NO ☐

Emergency Contact

Name			
Address			
Home Number			
Mobile Number			
Work Number			
Relationship			
Keyholder?	Yes/No	Keyholder?	Yes/No
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			

Needs of person being cared for

Communication needs

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Personal Care

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Mobility and equipment

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Medication and administration i.e. self-administration

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Needs of person being cared for

Dietary requirements

Likes

Dislikes

Emergency Contacts

Important Person 1

Name	
Address	
Contact Number	

Important Person 2

Name	
Address	
Responsibility	
Contact Number	

Other relevant information

Pets in household (if applicable)

Name	Species	What are the emergency care arrangements?

Health

Health Conditions

Allergies

Where is medication kept?

Name and address of pharmacy.

Name and address of GP

Is there a DNR (Do Not Resuscitate) in place?

YES ☐ NO ☐

Routine

	Morning	Afternoon	Evening	Night
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Useful Contacts

Who is important?

Who supports with what?

Challenges with caring role

In the event that you are unable to continue your caring role, what support would be required?

Short term

Long Term

Useful Contacts



Carers Centre

Lewis Place

Perth

Tel: 01738 567076

Website: www.pkavs.org.uk/carers

Email: carershubadmin@pkavs.org.uk



Perth & Kinross Health & Social Care Partnership

2 High Street

Perth

PH1 5PH

Tel: 0345 30 111 20

Email: Accessteam@pkc.org.uk



Crossroads – Perth

The Gateway, North Methven Street, Perth, PH1 5PP

Call: 01738 639460

Email: info@crossroadspertth.org

Useful Contacts



Change Mental Health

Unit 1

Methven Mews

Perth

PH1 5NX

Tel: 0808 8010 515

Email: advice@changemh.org



Welfare Rights

Perth & Kinross Council

2 High Street, Perth, PH1 5PH

[Make Welfare Rights Referral - Introduction - Perth & Kinross Council \(pkc.gov.uk\)](http://pkc.gov.uk)



Citizens Advice

7 Atholl Crescent, Perth PH1 5NG

Tel: [01738 450580](tel:01738450580)

www.perthcab.org.uk

ENABLE Scotland
Picking Up The Pieces
INSPIRE House
Renshaw Place
Eurocentral
N Lanarkshire
ML1 4UF

T: 01698 737000

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.