‘What if…’ emergency plan

I am a carer – information about me

Use this sheet to write down useful information about yourself and your own needs.

My full name is: _____

I like to be called: _____

For the purpose of supporting my needs and those of the person I care for, I consent to this information about me being shared with relevant others
Signed _____ Date completed: _____

Where I live *(area, not full address)*:_____
I am the main carer for:_____
My relationship to them:_____
The person I care for:

- ☐ Lives with me
- ☐ Lives elsewhere: *(area, not full address)*_____
- ☐ They be contacted by phone on: _____
- ☐ They cannot answer the phone and

My emergency contact is:
Name: _____
Relationship to me:_____
Relationship to the person I care for: _____

My situation and needs are known to Caring for Carers

☐ **Yes** ☐ **No**

The needs of the person I care for are known to Social Care services

☐ **Yes** ☐ **No**

***The details can be accessed by Social Care services: 01752 668000**

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I am a carer – information about me

I have underlying medical needs

My needs include: *(please include diagnosed conditions and most important information someone might need to know quickly. More detailed information will be requested below)*

Symptoms relating to my condition(s) which mean I may be unwell include:

What helps is:

‘What if…’ emergency plan

I am a carer – information about me

My Care and Support needs

Support with: ☐ *(Tick if you are independent)*	**Details:** *Brief important details, or if more complex write ‘refer to…(e.g. medication sheet / Moving and Handling plan)*	**Are you supported with this?** Y/N Who by?
☐ Safety / risks		
☐ Communication		
☐ Personal care Clothes Continence Keeping clean Other	I need prompting / physical help from 1 or 2	
☐ Medication		
☐ Food & Drink		
☐ Mobility Walking Standing/sitting on the bed positioning ☐ I have a Moving & Handling plan	I need prompting / physical help from 1 or 2	
☐ Household tasks		
☐ Emotional support		
☐ Behaviour		

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I am a carer – information about me

☐ **Support with:** *(Tick if you are independent)*	**Details:** *Brief important details, or if more complex write ‘refer to…(e.g. medication sheet / Moving and Handling plan)*	**Are you supported with this?** Y/N Who by?
☐ Keeping in contact / socialising with others		
☐ Recreational activities		
☐ Sleep/needs at night		

Additional information

I am also assisted by care workers.

☐ Yes ☐ No

If yes, the care workers are from:

☐ An agency ☐ Personal assistants

Contact details:

Other information: (include any information you have not covered above and would like to be known)

'What if…' emergency plan

I am a carer – information about me

I am a carer for more than one person / I have main responsibility for others *(e.g. children)*

☐ As well as being the main carer for _____ I also care for / have responsibility for _____ others too:

(If relevant, include information in your 'What if…' file to identify needs for each person who relies on you for essential care. If you are the parent of a child/children, you don't need to record their care needs, unless they have a disability, please just write who to contact if you were to be suddenly unavailable, e.g. ***Emergency contact:*** *John Brown,* ***Tel****: xxxx* ***Relationship to the person****: Father)*

I also care for/ have responsibility for:	**If I am unavailable, please contact:**	
Name: _____ ☐ Child ☐ Adult **Relationship to me:**	**Emergency contact:** **Their relationship to this person:**	☐ Lives with me ☐ Lives elsewhere ☐ Lives with me some of the time ☐ **More detailed information about their needs is kept with this plan** ☐ No

I also care for/ have responsibility for:	**If I am unavailable, please contact:**	
Name: _____ ☐ Child ☐ Adult **Relationship to me:**	**Emergency contact:** **Their relationship to this person:**	☐ Lives with me ☐ Lives elsewhere ☐ Lives with me some of the time ☐ **More detailed information about their needs is kept with this plan** ☐ No

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I am a carer – information about me

I also care for/ have responsibility for:	If I am unavailable, please contact:	
Name: _____ ☐ Child ☐ Adult **Relationship to me:**	**Emergency contact:** **Their relationship to this person:**	☐ Lives with me ☐ Lives elsewhere ☐ Lives with me some of the time ☐ **More detailed information about their needs is kept with this plan** ☐ No

I also care for/ have responsibility for:	If I am unavailable, please contact:	
Name: _____ ☐ Child ☐ Adult **Relationship to me:**	**Emergency contact:** **Their relationship to this person:**	☐ Lives with me ☐ Lives elsewhere ☐ Lives with me some of the time ☐ **More detailed information about their needs is kept with this plan** ☐ No

‘What if…’ emergency plan

I am a carer – information about me

My name: _____

Information I would like you to know about who I am:

(e.g., my background / family / friends / pets / likes / dislikes)