



Emergency Care Plan

Carer Name _____
Relationship to person requiring care _____
Address _____

Telephone home _____ work _____
mobile _____

Person requiring care

Name _____ Age _____
Address _____

Telephone _____ mobile _____
Language Spoken _____

Emergency Contacts

Name _____
Relationship/Organisation _____
Telephone home _____ work _____
mobile _____

Name _____
Relationship/Organisation _____
Telephone home _____ work _____
mobile _____

Name _____
Relationship/Organisation _____
Telephone home _____ work _____
Mobile _____

Health Information

Details about the person I care for

Person's illness or disability _____

Doctor Name _____

Address _____

Telephone _____

Medicare number _____

Health Insurance Fund Name of Fund _____

Telephone _____

Membership number _____

Ambulance Fund/Registration number _____

Medic-Alert number _____

Description of care needs _____

Care Required

The person I am caring for needs

- ☐ Meals only
- ☐ Regular visits only
- ☐ Full-time care – mobile, no personal care required
- ☐ Full-time care – mobile, supervision of toileting and showering required
- ☐ Full-time care – mobile, assistance with toileting, showering/bathing required
- ☐ Full-time care – assistance with lifting/transferring, toileting and showering/bathing required
- ☐ Other _____

Supervision _____

Toileting When _____

Equipment used _____

Showering / Bathing When _____

Equipment used _____

Number of people required _____

Other _____

Lifting / Transferring When _____

Equipment used _____

Number of people required _____

Diet _____

Other _____

Medication

Regular medication

Name	Dose	Special Instructions

Allergies _____

Regular Home & Community Care Services

Please advise if care arrangements change

Organisation _____

Service Provided _____

Contact Name _____

Telephone _____

Organisation _____

Service Provided _____

Contact Name _____

Telephone _____

Organisation _____

Service Provided _____

Contact Name _____

Telephone _____

Emergency Plan

In an emergency my contacts will: _____

My emergency financial arrangements are: _____

Signed _____

Relationship to person requiring care _____

Date _____

WHERE CAN I GET EXTRA COPIES OF THE PLAN?

Extra copies of the Emergency Care Kit are available from your **Commonwealth Respite and Carelink Centre**. You can contact them on **1800 052 222***.

*Free call from local phones, mobile calls at mobile rates