

KENT CARERS EMERGENCY CARD

Registration Form

PLEASE COMPLETE IN BLACK INK USING BLOCK CAPITALS

Card Number (For office use only)

CONFIDENTIAL INFORMATION

Your details (Carer's) Name:

Date of Birth:

Address:

Postcode:

Tel:

Email:

Religion:

Next of Kin

(not necessarily the emergency contact)

Name:

Tel No:

Are you a diabetic?

Yes?

No?

Do you take blood-thinning medicine?

Yes?

No?

Are you epileptic?

Yes?

No?

Do you have high blood pressure?

Yes?

No?

DETAIL OF PERSON/S BEING CARED FOR (including any preferred name)

CARED FOR PERSON

Name:

Address (if different from above):

Post Code:

Tel:

Mobile No:

Date of birth:

Relationship to cardholder:

Main language if not English:

Are there any other residents who live at the above property?

Name:

Relationship to carer:

Disability, illness, relevant medication information:

Please indicate if the person you care for has dementia/ confusion or any communication difficulties:

Allergic to?

Where is medication kept?

DOCTOR'S NAME:

Is this also the cardholder's doctor?

Yes?

No?

Address:

Tel No:

NHS. No:
(If known)

Name of Care Manager:

Tel No:

Home Care provider:

Tel No:

Does the person you care for attend any day centres, lunch clubs etc? If yes give details:

IF YOU CARE FOR MORE THAN ONE PERSON PLEASE ENTER THEIR DETAILS HERE

Name:

Address (if different from above):

Postcode:

Tel No:	Mobile No:	Date of Birth:
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Relationship to cardholder:	Main language if not English:
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Are there any other residents who live at the above property?	Name:	Relationship to carer:
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Disability, illness, relevant medication information:

Please indicate if the person you care for has dementia/ confusion or any communication difficulties:

Allergic to?	Where is medication kept?
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DOCTOR'S NAME:	Is this also the cardholder's doctor?	Yes?	No?
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Address:

Tel No:	NHS No: (if known)
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Name of Care Manager:	Tel No:
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Home Care provider:	Tel No:
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Does the person you care for attend any day centres, lunch clubs etc? If yes give details:

Do you ever leave the person/s you care for in the car when going to the shops?	Yes?	No?
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If yes, please give your car registration number:

Make:	Model:	Colour:
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Are there any pets? Please state type of animals:		And their name/s:	
Are any of the pets unfriendly?			
Have you someone who will care for pets in an emergency?		Name:	
		Tel:	
IS THERE ANYONE LOCALLY WHO CAN OFFER ASSISTANCE IN AN EMERGENCY?			Yes?
			No?
FIRST CONTACT:		SECOND CONTACT:	
Name:		Name:	
Address:		Address:	
Home Tel:		Home Tel:	
Work Tel:		Work Tel:	
Mobile:		Mobile:	
Relationship to person cared for and/or cardholder		Relationship to person cared for and/or cardholder	
DO THEY HAVE A HOUSE KEY?		Yes?	No?
If they do not have a house key where can they get one?		Is there an intruder alarm? If your contacts do not have details you may give location of control panel and code	
If a key safe is fitted give code:			
IF THERE IS NO KEY HOLDER TO THE 'CARED FOR' PROPERTY WE MAY NEED TO ACTION THE EMERGENCY SERVICES TO GAIN ENTRY. I AUTHORISE THAT THIS IS ACCEPTABLE IN THE EVENT OF AN EMERGENCY SITUATION		PLEASE CONFIRM YOU HAVE THE CONSENT OF THE CONTACTS	
		Yes?	No?
		Signature:.....	
* IF YOU ARE A YOUNG CARER PLEASE ENSURE YOU INCLUDE THE SIGNATURE OF YOUR PARENT OR GUARDIAN		Signature:..... Parent/Guardian	
IMPORTANT INFORMATION: Please tell us if there are any special entry requirements where the person you look after lives (e.g. may take a while to answer the door, hearing/sight impaired, dementia, confusion, communication difficulties) OR ANYTHING ELSE YOU THINK WE SHOULD KNOW.			

