

**Isle of Wight
Carers Emergency Alert Card**

CONFIDENTIAL INFORMATION

Emergency Alert Card Number					
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Please complete in black ink using block capitals

Carer
 Name: Age (if under 18 years:
 Address:

 Telephone:

Name of Person being cared for
 Name:
 Address:
 Date of Birth:
 Telephone:
 Relationship to Carer

Is there anyone locally who could offer assistance in an emergency? Yes No

First contact: Are they key holders? Yes No
 Name: Telephone:
 Address:..... Day:
 Evening:.....
 Relationship (if any) to cared for person:..... Weekend:.....

Second contact: Are they key holders? Yes No
 Name: Telephone:
 Address:..... Day:
 Evening:.....
 Relationship (if any) to cared for person:..... Weekend:.....

Cared For Person's Doctor
 Name:
 Surgery Address:

 Telephone:

Medical condition of the person being cared for (please give details):

Special instructions in an emergency would be:

Do you ever leave the person in the car ? Yes No If the answer is yes, please supply the following details:

Make, Model & Colour of the car:

Car Registration Number

Some illnesses leave people in a confused state, unable to remember who they are and where they live. In such cases we can provide another Emergency Alert Card for this vulnerable person to carry.

Would you like a second card? Yes No

*I agree with the information contained in this form and for it to be shared in the event of an emergency. I undertake to notify **Wightcare Services** of any changes to the information I have provided.*

Signed Date

Please return the completed form with two first class stamps to:

Wightcare Services, Bugle House, 118a High Street, NEWPORT, Isle of Wight PO30 1TP.

If any of the information on this form changes, please telephone Wightcare Services on (01983) 533772 as soon as possible.

Please quote the Cared For Person's Emergency Alert Card Number on all correspondence.

OFFICE USE ONLY If no contact named or available:

Telephone (daytime):..... (out of hours)

PLEASE KEEP A NOTE OF THE INFORMATION PROVIDED FOR YOUR RECORDS.