



Midlothian

Emergency Plan

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

Name of person:

Personal details of the person being cared for

Date Emergency Plan created

Name and known as/prefers to be called

Address

Date of Birth

Religion/Faith

Telephone numbers

Next of Kin (name & phone number)

1st point of contact if different to Next of Kin (name & phone number)

Is a guardianship order in place? Please provide details

Is there a Power of Attorney? Please provide details

Likes

Dislikes

Personal details of the person being cared for

Needs of the person being cared for

Personal Care



Mobility



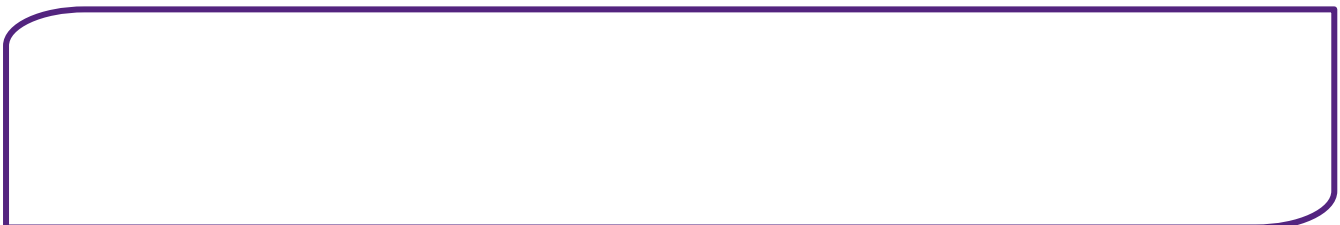
Vulnerabilities



Triggers and strategies



Other



Routine

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Emergency Contacts

Name	
Address	
Home Number	
Mobile Number	
Work Number	
Relationship	
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	

Name	
Address	
Home Number	
Mobile Number	
Work Number	
Relationship	
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	

Emergency Contacts

Guidance

If you require any additional Emergency Contacts follow the steps below:

- Highlight table above
- Select Copy
- Click below this box
- Select Paste
- Move to new page if required
- Repeat if necessary

Are there any important gaps which would need help from others i.e. social work/health?



Health

Health Conditions

Allergies

Where is medication kept?

Name and address of pharmacy

Name and address of GP

Food

Special Dietary Requirements

A large, empty rounded rectangular box with a purple border, intended for entering special dietary requirements.

Support needed at mealtimes

A large, empty rounded rectangular box with a purple border, intended for entering support needed at mealtimes.

Communication

Alternative communication methods e.g. Makaton, British Sign Language, behaviour cues

Pets in household (if applicable)

Name	Species	What are the emergency care arrangements?

Other relevant information

Useful Contacts/ Consent

Care Agency

Name	
Address	
Contact Number	
Care provided (days, hours etc.)	

Social Worker/ Care Manager

Name	
Address	
Contact Number	

Other

Name	
Address	
Responsibility	
Contact Number	

Guidance

Useful Contacts/ Consent

If you require any further additional Useful Contacts follow the steps below:

- Highlight relevant table above
- Select Copy
- Click below this box
- Select Paste
- Move to new page if required
- Repeat if necessary

Where will a hard copy of this plan be kept?

This plan has been shared with the following people (by the carer):

I agree with the content of this plan (signature of the person being cared for or their Welfare Guardian/ POA)

I give permission for this plan to be shared with Health and Social Care (person being cared for or their Welfare Guardian/ POA)

Yes (permission given)

No (permission not given)

Useful Contacts/ Consent

If the person being cared for is unable to sign/give permission please note their involvement and understanding of the emergency plan

Name of the carer and known as/prefers to be called

I agree with the content of this plan (signature of the carer)

I give permission for this plan to be shared with Health and Social Care (carer)

Yes (permission given)

No (permission not given)

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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.