

People Who Care
Caregiver Relief, Emergency Information

Date: _____

Name of caregiver: _____

Name of care receiver: _____

Physical address: _____

Phone number at residence: _____

Directions to this location: _____

Emergency contact information:

Cell phone of caregiver: _____

Where caregiver can be reached: _____

Other emergency contact information:

Name: _____

Address: _____

Phone number: _____

Location of medication list and medicines need to be available so that emergency personnel can review; if needed.

Is there is a File of Life _____ yes _____ no

If yes, location and last updated: _____

Is there a DNR? _____ Yes _____ no If yes, where is it? _____

Caregiver must be there when People Who Care volunteer arrives and when People Who Care volunteer needs to leave

Signed: _____

Caregiver