

Caregiver's Own Page

Last updated: _____

Read first. If I am suddenly hospitalized, injured, or unavailable, this tells responders and helpers that someone depends on me and who takes over.

I am a family caregiver. If I am unable to respond, someone depends on me for care: the person I support, at _____
Please contact the people below right away.

ABOUT ME *(the caregiver)*

My name: _____ My phone: _____

My doctor: _____ Doctor's phone: _____

My pharmacy: _____ My allergies: _____

My key medications, or where my list is kept: _____

My health conditions responders should know: _____

Where my own advance directive is kept: _____

WHO TO CALL TO STEP IN FOR THE PERSON I SUPPORT *(in this order)*

	Name	Phone	Relationship	Has a key?
First				☐ Yes ☐ No
Second				☐ Yes ☐ No
Third				☐ Yes ☐ No

MY EMERGENCY CONTACT *(for me)*

Name: _____ Phone: _____

Relationship: _____ Other phone: _____

Tip: Keep a wallet card or phone note that says "I am a caregiver" with a backup contact, so responders know to check on the person I support.



WHAT THE PERSON I SUPPORT NEEDS RIGHT AWAY IF I AM UNAVAILABLE

Can they be alone? ☐ Yes ☐ No _____ If yes, for how long: _____

Medications due, and where they are kept: _____

Meals and special diet: _____

Safety needs (for example, wandering risk, fall risk): _____

Other routines that cannot wait: _____

For details, see the Emergency Info Card and Daily Routine sheets in this binder.

PETS AT HOME

Pets (name and type): _____ Who can care for them: _____

Food, medicines, and walks: _____

Vet name: _____ Vet phone: _____

