



Carers UK Croydon and District Branch

Croydon Carers Centre Ltd

Emergency Alert / Discount Card Form

Card Number:

Please write clearly in **BLOCK CAPITALS**

CONFIDENTIAL INFORMATION

CARERS DETAILS

Title: First Name: Surname:

Address:

.....

Phone: Mobile: Date of Birth:

Email Address:

PERSON CARED FOR:

Title: First Name: Surname:

Address:

.....

Phone: Mobile: Date of Birth:

Medical Condition (please give details):

..... Relationship to carer:

Carer's Next of Kin:

Name: Phone:

Address:

.....

Next of Kin's relationship to Carer:

Name of Carer's Doctor:

Address:

.....

Phone:

Details of people who have agreed to offer help in an emergency:

Name: Phone:

Address:

.....

How do you know this person:

Please provide details of any religious, spiritual or cultural needs that you or the person you are caring for may wish to confirm:

.....

This section is to be signed by the Carer

The next of kin and contacts listed above, are aware of, and have agreed to, the actions I want them to take in an emergency.

I agree that you share the information on this form in an emergency.

I will notify Carers UK Croydon and District Branch of any changes to the detail on this form.

Signed: Date:

Guidance Notes

Please return this form to Croydon Carers Centre, 12 Katharine Street, Croydon CR0 1NX. 0208 688 7219

The card is free of charge.

When your card is ready you will be asked to come in and sign it.