

West Sussex Carers Emergency Alert Card Enrolment Form

Card Number	

Please write clearly in black ink

CONFIDENTIAL INFORMATION

Card holder's name:

Address:

..... Phone

Name of person being cared for (including any preferred name):

Address:

..... Date of birth:

Relationship to card holder: Phone:

House key holder(s) (not listed above)

Name: Phone

Address: Day:

..... Evening:

..... Weekend:

Relationship (if any) to card holder

Name: Phone

Address: Day:

..... Evening:

..... Weekend:

Relationship (if any) to card holder

Doctor's Name:

Address:

.....

..... Phone:

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

If you ever leave the person in the car (for example in a supermarket car park), please supply the following details:

Make and Model of car: Car Registration:

Please turn over and complete page 2

Card Number	

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

First contact

Name: Phone
 Address: Day:
 Evening:
 Weekend:

Relationship (if any) to person cared for:

Second contact

Name: Phone
 Address: Day:
 Evening:
 Weekend:

Relationship (if any) to person cared for:

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

.....

This section is to be signed by the cardholder

The keyholders 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 can share the information on this form in an emergency.

I will notify ICIS of any changes to the details on this form.

Signed **Date**

Guidance notes

When you receive your card, please note the Card Number and quote on all correspondence.

Please phone ICIS on 01903 859928 as soon as any of the information on this form changes.

Please keep a copy of this form for your own records.

Send this form with **two first class stamps** to:

ICIS : information for life
35 Worthing Road
East Preston
Littlehampton
West Sussex BN16 1BQ

