

CAREGIVER EMERGENCY PLAN

Williams Senior Transition Services | Veteran-Owned | Bilingual | Central Texas
FREE Placement Services | 737-389-2130 | stella@stellawilliamstx.com

IMPORTANT: Keep this plan on the REFRIGERATOR, in your go-bag, and share a digital copy with all emergency contacts.

1 IDENTIFIABLE INFORMATION ABOUT THE PERSON RECEIVING CARE

Full Legal Name	Preferred Name / Nickname	Date of Birth
<hr/>	<hr/>	<hr/>
Home Address	City, State, ZIP	Phone at Residence
<hr/>	<hr/>	<hr/>
Medical Conditions Diagnosed	Blood Type	Primary Language
<hr/>	<hr/>	<hr/>

2 MEDICATION INFORMATION

Medication Name	Dosage	Frequency / Time	Prescribing Doctor
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<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
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Allergies — Drug, Food, Environmental Mark life-threatening allergies in RED ink

Preferred Pharmacy Name & Phone	Pharmacy Address
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3 DAILY ROUTINE

Wake-Up Time & Morning Routine	Meal Times & Food Preferences	Bedtime Routine & Sleep Schedule
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Daily Activity Schedule & Helpful Routine Tips (for substitute caregivers)		
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Mobility Aids Used	Behavioral Notes / Triggers to Avoid	Calming Strategies
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4 DOCTORS AND SPECIALISTS

Primary Care Physician	Phone	Hospital / ER Preferred
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Specialist #1 — Name & Type	Phone	Address
Specialist #2 — Name & Type	Phone	Address
Home Health Agency & Nurse		Case Manager / Social Worker & Phone

5 UPCOMING APPOINTMENTS

Date & Time	Doctor / Specialist & Location	Purpose of Appointment	Transportation Needed?

6 LOCATION OF ADVANCE CARE DIRECTIVES

Power of Attorney (POA) — Name & Phone	DNR on File? (Y/N) Where Filed:
Advance Directive / Living Will — Location of Document	Who Acts as Legal Proxy When Needed?
Wishes Regarding Life-Sustaining Interventions (ventilation, CPR, feeding tube, etc.)	
Will / Trust Location	Insurance Policies Location

7 DEMENTIA / MEMORY CARE NOTES (Complete if applicable)

Stage of Dementia / Diagnosis	Wandering Risk Level	GPS / Alert System in Use?
Calming Phrases, Objects, or Music	Known Triggers to AVOID	
Communication Style Notes — preferred name, how they respond best, comforting routines		

Last Updated: _____ **Next Review Date:** _____ **Completed By:** _____