



Caregiver Absence Form

I am notifying J&D Ultracare of my need to be away from the home, and thus unavailable to provide care for _____ for the following time period:
(Name of Patient)

From (day/date) _____ **To (day/date)** _____

I have arranged for the following **designated** person to be responsible during my absence:

Name: _____ Home Phone: _____
Cell Phone: _____ Work Phone: _____

S/he is familiar with the patient's medical condition, care plan and necessary treatments.
This designated person is fully trained to independently provide care to the patient.
In the event that this designated person cannot be reached, the emergency back-up person is:

Name: _____ Home Phone: _____
Cell Phone: _____ Work Phone: _____

If the event of a medical emergency, the following steps should be taken:

While away, I can be reached at: Phone # _____ Cell #: _____
Physical Address: _____

It is understood that the nurse on duty and J&D Ultracare, are NOT responsible for any other individuals left in the household in my absence.

Signature of Primary Caregiver Date: _____

Printed Name of Primary Caregiver

I, as designated person, agree to be responsible for this patient during the absence of his/her primary caregiver.

Signature of Designated Person Date: _____

Printed Name of Designated Person