**Emergency Contact Details: Patient Educators Group**

Please complete this form at the start of a teaching session and return to the facilitator.

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| --- | --- |
| Name: | Date: |
| GP details: | |
| Next of kin / emergency contact details | |
| Full name: | |
| Address: | |
| Contact number:  Alternative contact number: | |
| I agree that the above named individual/s can be contacted in case of emergency.  Signature: | |
| To be completed by facilitator | |
| I have considered the PEEP for the above named patient educator.  Signature: | |