**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: |