

# Care-Share Team Calendar

Week \_\_\_\_\_

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Care-share team	Work phone	Home phone	Email
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

Medical information for care partner

Name/address \_\_\_\_\_

\_\_\_\_\_

SS # \_\_\_\_\_

Birth date \_\_\_\_\_

Blood type \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Emergency numbers for care partner

Main doctor \_\_\_\_\_

Power of Attorney (POA) \_\_\_\_\_

POA for Health \_\_\_\_\_

Family member \_\_\_\_\_

Insurance \_\_\_\_\_