caring village

Caregiver Vacation Handoff

One page for the person covering care while the primary caregiver is away.

Person receiving care: _____ **Coverage dates:** _____

KEY CONTACTS

Primary caregiver: _____

Backup caregiver: _____

Clinician / office: _____

After-hours number: _____

Emergency contact: _____

HOME ACCESS AND SAFETY

Entry / key instructions: _____

Alarm / lock notes: _____

Mobility equipment: _____

Pets / household notes: _____

Do not forget: _____

MEDICINES AND HEALTH ROUTINE

MEDICINE	TIME	WRITTEN INSTRUCTIONS	REFILL / OWNER

Copy from the current medication list. Do not change a dose or substitute medicine without clinical instructions.

DAILY RHYTHM AND PREFERENCES

Wake / sleep: _____

Meals / fluids: _____

Bathing / dressing: _____

Mobility / exercise: _____

Comfort and communication: _____

Evening routine: _____

APPOINTMENTS, RIDES, AND TASKS

WHEN	APPOINTMENT / TASK	OWNER

Transport / access notes: _____

IF SOMETHING CHANGES

[ ] Emergency: call 911, then _____

[ ] New symptom: follow the written plan and call _____

[ ] Missed visit or helper: contact _____

[ ] Where directives and medical documents are stored: _____

RETURN HANDOFF

What changed: _____

Medicines / supplies used: _____

Appointments completed: _____

Items still open: _____

Next follow-up: _____