



FORM 9 – ACTIVITY OF DAILY LIVING PLANNING FORM

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PLEASE RETURN THIS FORM TO ADMINISTRATION OFFICE

Student Name:

Year:	Form:	Teacher:
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DOB: _____ **Gender:** Male Female Other

SECTION A – PLANNING TO SUPPORT STUDENTS WHO REQUIRE ASSISTANCE WITH ACTIVITIES OF DAILY LIVING.

To be completed by parent / caregiver, or the relevant medical practitioner and returned to the school.

Type of activity of daily living requiring support:

SECTION B– INSTRUCTIONS

Please list tasks or steps involved to manage the activity. For example: Catheterisation – Care of in-dwelling catheter.

Step 1

Step 2

Step 3

SECTION C – EMERGENCY RESPONSE PLAN (if required):

SECTION D – SUPPORT / TRAINING REQUIREMENTS

Can this activity of daily living be supported by a trained education assistant? Yes No
 If no: please specify what additional support is required.

Can this activity of daily living be supported by other nominated and trained staff? Yes No If 'YES' please specify

SECTION E - MEDICATION INSTRUCTIONS - (NOTE - MEDICATION MUST BE PROVIDED BY PARENTS / CAREGIVER)

	MEDICATION 1	MEDICATION 2	MEDICATION 3
Name of Medication			
Expiry Date			
Dose / frequency <i>(As per pharmacist's label)</i>			

SECTION E - MEDICATION INSTRUCTIONS CONT.						
Duration Dates	From:		From:		From:	
	To:		To:		To:	
Route of Administration						
Administration <i>Tick appropriate box</i>	By self <input type="checkbox"/>	Requires assistance <input type="checkbox"/>	By self <input type="checkbox"/>	Requires assistance <input type="checkbox"/>	By self <input type="checkbox"/>	Requires assistance <input type="checkbox"/>
Storage instructions <i>Tick appropriate box(es)</i>	Stored at school <input type="checkbox"/>	Kept and managed by self <input type="checkbox"/>	Refrigerate <input type="checkbox"/>	Keep out of sunlight <input type="checkbox"/>	Other <input type="checkbox"/>	Stored at school <input type="checkbox"/>
						Kept and managed by self <input type="checkbox"/>
						Refrigerate <input type="checkbox"/>
						Keep out of sunlight <input type="checkbox"/>
						Other <input type="checkbox"/>

SECTION F – AUTHORITY TO ACT	
<p>This activities of daily living planning form authorises school staff school staff to provide health care support for my/our child in accordance with the above plan and/or the attached plan from a medical practitioner.</p> <p>It is valid for one year or until I/we advise the school of a change in my/our child’s health care requirements.</p>	
Parent Caregiver Name:	
Parent/Caregiver Signature:	Date:
Medical Practitioner Signature: <i>(If required at the principal’s discretion)</i>	Date:
<input type="checkbox"/> If you are completing this form online and are unable to sign this form, please check this box to confirm the above information is true and correct.	
OFFICE USE ONLY	
Date received:	Date uploaded on SIS:
Is support to be provided by an education assistant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If ‘YES’ name/s of authorised staff:	
Is specific staff training required? Yes <input type="checkbox"/> No: <input type="checkbox"/>	
Type of training:	Training service provider:
Name of person/s to be trained:	
Date of training:	Date of re-training:
IF MEDICAL PRACTITIONER HAS INDICATED ADDITIONAL SUPPORT IS REQUIRED, PLEASE SPECIFY AUTHORISED STAFF:	
Actions Taken:	

