

FORM 9 – ACTIVITY OF DAILY LIVING PLANNING AND NEEDS FORM

Note: A new Form 9 should be completed for each activity of daily living

Name: _____ Date of Birth: _____ Year: _____ Form: _____ Teacher: _____

Activity of Daily Living Planning and Needs – To be completed by parent or the relevant medical practitioner and returned to the school

Section A: List 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: etc..

Section C – Emergency Response Plan Instructions (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 support by other nominated and trained staff? Yes No If yes, please specify:

Name Of Medical Practitioner: _____ Signature: _____

Name Of Medical Practice/Hospital: _____ Date: _____

Section E – Medication (If applicable)

| | | | |
|---|---|---|---|
| Name Of Medication | | | |
| Expiry Date | | | |
| Dose/Frequency – May be as per the pharmacist's label | | | |
| Duration (Dates) | From : To: | From : To: | From : To: |
| Route Of Administration | | | |
| Administration (Tick Appropriate Box) | 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 (Tick Appropriate Box(es)) | 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"/> | 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

This activity of daily living planning and needs form authorises the school staff to follow my/our advice and/or medical practitioner. It is valid for one year or until I/we advise the school of a change in my child's health care requirements.

| | |
|------------------------|--|
| Parent/Carer: Date: | Medical Practitioner (if required): Date: |
|------------------------|--|

Review Date:

Note: Where a doctor provides a written plan for staff to follow this form will not need to be completed.

Name: <FirstName> <LegalSurname> Date of Birth: <DOB> Year: <Year> Form: <Form> Teacher: <Teacher1>

OFFICE USE ONLY

Is support to be provided by an education assistant? Yes No If yes, name(s) of authorised staff:

Is specific staff training required? Yes No Date of training: / / Date of retraining / /

Type of training:

Training providers:

Name of person(s) to be trained:

If medical practitioner has indicated additional support is required, please specify authorised staff:

Actions taken:

Complete only relevant sections and attach the Student Health Care Summary to the front of this document.

Form 9 Page 2 of 2

Note: Where a doctor provides a written plan for staff to follow this form will not need to be completed.