

DAY RESPITE

checklist

CLOTHING

- | | |
|---|--|
| <input type="checkbox"/> EXTRA CLOTHES TO CHANGE INTO | <input type="checkbox"/> SHIRTS, PANTS/SHORTS,
UNDERWEAR, SOCKS, INDOOR SHOES |
|---|--|

PERSONAL CARE ITEMS

- | | |
|--|--|
| <input type="checkbox"/> SUNSCREEN | <input type="checkbox"/> WIPES, AS REQUIRED |
| <input type="checkbox"/> MENSTRUAL PRODUCTS, AS REQUIRED | <input type="checkbox"/> INCONTINENCE GARMENTS -
DIAPERS/BRIEFS AS REQUIRED |

EQUIPMENT AS APPLICABLE

- | | |
|--|--|
| <input type="checkbox"/> WHEELCHAIR/WALKER | <input type="checkbox"/> COMMUNICATION DEVICE/PICTURE
EXCHANGE COMMUNICATION
SYSTEM (PECS) |
|--|--|

FOOD AND DRINK

- SNACKS AND DRINKS FROM HOME TO BE PROVIDED BY PARENT/CAREGIVER

MEDICATIONS

(A DOCTORS LETTER WILL BE REQUIRED IF INSTRUCTIONS ARE DIFFERENT FROM PRESCRIPTION LABEL)

- | | |
|--|---|
| <input type="checkbox"/> PRESCRIPTION MEDICATION (IN
PHARMACY LABELLED CONTAINER) | <input type="checkbox"/> MEDICATION-SPECIFIC TOOLS OR
SPECIFIC FOODS THAT MEDICATION IS
ADMINISTERED WITH |
| <input type="checkbox"/> EMERGENCY MEDICATIONS, AS
REQUIRED, SUCH AS EPIPEN, PUFFERS
OR MEDICATION FOR SEIZURES (IF
THESE MEDICATIONS ARE NOT
BROUGHT ON ADMISSION CLIENT IS
UNABLE TO STAY AT RESPITE) | |

COMFORTS FROM HOME

- BLANKETS, TOYS, IPAD WITH CHARGER