

Integrated Care Plan Request

3. Emergency / Alternative Contacts

If approval is to be given for the student to travel on an 'orange' school bus, you must provide at least two emergency / alternative contacts. These are the names and contact numbers of people who:

- will be within close proximity to the bus route at the times the student will be travelling; or
- would be able to take care of the student in the event he / she needs medical attention.

Note: You must get permission from the people you nominate as emergency contacts before you nominate them.

As the applicant, are you the main Emergency Contact?

Yes No

Emergency Contact 1

Family Name: _____ (Mr / Mrs / Ms) Given Names: _____

Address or location at the times the student will be travelling: _____

Home Telephone: _____ Mobile/s: _____

Emergency Contact 2

Family Name: _____ (Mr / Mrs / Ms) Given Names: _____

Address or location at the times the student will be travelling: _____

Home Telephone: _____ Mobile/s: _____

Section B

Medical Information

Note: School Bus Staff will not administer routine medication. Information on medication is gathered to understand the needs of the student whilst travelling on an 'orange' school bus and to enable SBS to make a decision regarding an appropriate transport solution. It will also assist in developing the appropriate plan to manage the student's needs in an emergency situation.

Medical Condition:

Describe the student's medical condition, including any known allergies:

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Section C

Education Support

1. Specific Requirements *(Please tick the appropriate box/es)*

Eating:	Able to eat unaided	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Requires assistance to eat	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Nil by mouth	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Diabetic eating requirements	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Communication:	Verbal	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Other:	_____			
	Sign	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		_____			
Toileting	Independent	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Other:	_____			
	Nappy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		_____			

Please provide details for the above Specific Requirements: _____

Restraints:

Postural Restraints: Yes No Behaviour Restraints: Yes No

Please note: If 'Yes' to the above, additional authorisations maybe required.

2. Drop-off Instructions *(Please tick one instruction only)*

- I will meet the student at the bus stop / kerb at all times.
- The student may walk to the house independently after a carer or I have signalled the driver (i.e. the bus should not move away until the student has entered the house).

Note: Any other arrangements outside of the above must be discussed with the bus contractor.

3. Respite Facilities (Education Support Only)

Respite Facility Name: _____

Contact Person Name: _____

Location (Street Address and Suburb): _____

Telephone: _____ Email: _____

Section D

Behaviour

Behaviour Management

Does the student display any of the following behaviours? *(Please indicate Yes or No to each item)*

Self injurious behaviour (e.g. bangs head, bites hand). Yes No

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- Aggressive behaviour towards others (e.g. bites, scratches,spits,kicks). Yes No
- Destructive behaviour (e.g. tearers upholstery, hits windows). Yes No
- Dangerous behaviour (e.g. gets out of seat, throws objects). Yes No
- Distracting behaviour (e.g. crying, screaming, swearing). Yes No

If you ticked Yes to any of the items above, please describe the behaviour and any solutions used:

Does the student display any other behaviours that could place other students at risk? Yes No

If Yes, please describe these behaviours: _____

When are the behaviours most likely to occur? Morning Afternoons

Where are the behaviours most likely to be displayed? _____

Are there triggers for the behaviour (e.g. loud noises, change of routine)? Yes No

If Yes, please describe them: _____

What can be done to calm the student when distressed (e.g. favourite toy, food, reinforcers)?

Please provide any other information that would assist in providing safe transport for the student:

Section E

Physical Mobility / Impairment

Describe the student's physical mobility: _____

Mobility: Requires assistance with steps? Yes No Requires walking aid? Yes No

Support Harness required? Yes No If yes, type of aid (e.g. frame etc):

Other: _____

Describe the restrictions the student has in regard to travelling on a bus including accessing the existing bus:

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Wheelchair Requirements

Is the student in a wheelchair? Yes No

If 'Yes' please complete the following:

Description of Wheelchair

Make: _____ Model: _____ Powered / Manual (cross out)

Visually Impaired:

Total Visual Impairment? Yes No Equipment Required: _____

Partial Visual Impairment? Yes No _____

Hearing Impaired:

Total Hearing Impairment? Yes No Partial Hearing Impairment? Yes No

Communication Requirements: _____

Other Impairments:

Description: _____

Parent / Carer Declaration

I declare that I have provided all relevant information concerning the student and his / her medical condition or disability, and I confirm that I understand the following:

- I am responsible for the student's well-being;
- I understand that it is a condition of travel that I keep School Bus Services, the Driver and Bus Aide informed of any changes to circumstances including the student's medical condition or disability;
- Drivers and Bus Aides will not administer medication to students travelling on 'orange' school buses;
- If the student needs medical attention, the contractor / driver is authorised to take any or all actions as described in the Integrated Care Plan;
- If the student's medical condition worsens, School Bus Services will review the ongoing provision of travel on the school bus in consideration of the change to circumstances; and
- All students must obey the Code of Conduct for travel on 'orange' school buses.

Signature of Parent / Carer _____ Date / /

Once completed and signed, send to:

School Bus Services
P.O. Box 8125
Perth Business Centre
Western Australia, 6849



Public Transport
Authority

SBS
SchoolBus
Services

Or Fax to: 9326 2781

Or Email to: Schoolbus@pta.wa.gov.au