

Resource 3: Family agreement

This is a template agreement between a person with a disability, their contact person and the service provider about communication protocols

My name is: (insert name)

My contact person is: (insert name of parent, guardian, advocate, friend)

My relationship with: (contact person) is (e.g. brother, mother)

He/she may be contacted on: (phone number, mobile number, email)

in the following circumstances and agreed times:

Your concern	Call my support person		Suitable Time to call my support person	Comments <i>Also comment if contact was attempted but not made.</i>
	Yes	No		
<i>E.g. – fall</i>	yes		<i>E.g. before 10pm and after 7am</i>	<i>E.g. only if medical treatment is required</i>
Temperature above ___ degrees				
Seizure				
Fall				
Alleged minor assault				
Medication missed/error/refusal				
Abscond				
Bruising explained or unexplained				
Doctor visit required				
Hospital visit required				
Ambulance called				
Police called				
Other				

NOTE: Please document all contact and attempted contact with support person in the individual's progress notes and communication book.