



Name of Participant: _____ Respite Worker: _____

Date: _____ Time: _____

Briefly describe what you did while providing care. Specify respite location (in / out of home):

Any signs of ill health (includes seizures)? How was it dealt with? _____

Concerns, comments and other incidents: _____

Amount and type of medication administered – include times: _____

Parent/Guardian or Participant's signature (only if medication is administered): _____

WORKPLACE SAFETY & HEALTH COMMITTEE CONCERNS

Incident Information:

Physical Aggression ____ Verbal Aggression ____ Medical Attention ____
Property Loss / Damage ____ First Aid ____ Abusive language ____ WCB Incident ____

Details: _____

Unsafe / Unhealthy Working Conditions:
