



## Application for day activities for students

Confidential Act on Openness § 24 paragraph 25.  
Please return the application to the child's school.

### THE APPLICANT'S DETAILS

Last name and first names

Personal identity code

Address

Postal code and city/town

School, grade, and teaching group

The child is a client of the services for persons with disabilities

yes                  no

If you answered no, please contact [vammaisneuvonta@vakehyva.fi](mailto:vammaisneuvonta@vakehyva.fi)

### THE GUARDIANS' DETAILS

Name

Phone number (contact information during day activities)

Address

Postal code and city/town

Name

Phone number

Address

Postal code and city/town

### NEED FOR DAY ACTIVITIES

The need for care begins

Requested daily care period

Assessment of the need for day activities

## TAXI TRANSPORT

Enter if the student uses transport by taxi.

Pick-up from home in the morning at the latest at

Return home in the afternoon at the earliest at

The student goes to the taxi by themselves

yes                  no

The student gets home from the taxi by themselves

yes                  no

The care escort brings the student to the taxi

yes                  no

The care escort picks up student from the taxi

yes                  no

The student uses a wheelchair

yes                  no

The student uses a folding wheelchair

yes                  no

## DAILY ACTIVITIES

Description of needs for support and functioning (eating, dressing, toileting, communication and interaction skills, mobility and assistive devices, supervision needs)

Other considerations (allergies, medication, note: a medication plan will be created about the need for medication during the day activities)

## DATE AND SIGNATURES

The guardians have agreed on applying for day activities.

With my consent, the necessary information may be disclosed to the transport organiser.

Date

Signature of the guardian

Name clarification

Date

Signature of the guardian

Name clarification