

Dear

Thank you for choosing Alzheimer's Qld for your cottage respite. We are delighted to be able to confirm your booking as per the details below:

Client Name:

Arrival Date:

Departure Date:

To ensure we can provide the safest high-quality support throughout this respite stay, we request that you provide the following:

- Current health / medication summary
- All medication must match the information on the Dr's medication summary. AQ staff are not able to assist with medications that are not listed on the medication summary
- All medication must be in a Webster Pack or Pharmacy Sachet. Where a client requires an oral medication that cannot be packed in either a webster or sachet such as short course antibiotic therapy then contact must be made with the centre prior to their stay to ensure that we can deliver medications safely. If oral medications are not provided in this way, we are unable to assist with medication. We cannot accept medication that has the incorrect dates or has been altered and/or contains handwritten notes
- All belongings and clothing must be labelled
- A carer or emergency contact must remain contactable during the length of your overnight respite booking

Please be advised that all medication will be stored in a staff managed locked cupboard. When assisting with medications, our staff cannot:

- crush medications (unless it is an instruction by the Dr or pharmacist);
- mix medications with other substances;
- hide medications in food or fluid; and
- dispose of empty Webster packs / medication boxes. These will be returned to you upon the departure date.

The cost of these services is based on the available fees and charges sheet that has already been discussed with you, and is outlined below:

Program Type:

Total Amount:

To acknowledge your acceptance of the above, please complete the below acknowledgement section and return to the centre prior to the respite stay.

Should you have any further questions, please feel free to reach out to discuss.

Kind regards,

Acknowledgement

I, _____ understand that the respite accommodation
to be occupied by _____ is available from
_____ to _____.

I acknowledge the fees for this respite stay are \$ _____.

Client Name:

Client Signature:

Date:

Client Representative Name:

Client Representative Signature:

Date: