



**Spectrum Advisory Services  
Weighted blanket or vest consent**

**Collection of items for loan is the responsibility of the borrower.**

Date:		
Child's name:		
Location of use:		
Person responsible use: <b>Please note items will not be loaned to a school without a contact name provided.</b>		
Weight of child:		
Weight of blanket /vest: <b>To be completed by Autism SA</b>		
Please tick and sign below:		
<input type="checkbox"/>	I have read the booklet "Weighted items" available from Autism SA Info Line and on the website <a href="http://www.autismsa.org.au">www.autismsa.org.au</a> .	
<input type="checkbox"/>	I will follow the guidelines on pages 6 and 7 of the "Weighted items" booklet "How do I use weighted items?" and "Precautions".	
<input type="checkbox"/>	I will only use the weighted item with the individual named on this form.	
Signature: _____ Date: _____		
<b>Parent / guardian to sign <u>in addition</u> if not the above person:</b>		
Signature: _____ Date: _____		
<b>Equipment requested:</b>	<b>Office Use Only: Barcode</b>	
Office Use Only: Date received	Date supplied:	

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Signed: J Martin	G:\AutismSAPolicies&Forms\Client\CLIENT F24 - Weighted Item Request Form.doc	