

**THIS SECTION WILL BE PROVIDED TO CARERS**

<p>Please attach a photo of your child or young person here</p>	<p>Child/young person's name:</p>
	<p>Date of Birth:</p>
	<p>Parent/carer's full name:</p>
	<p>Address:</p>
	<div style="border: 2px solid red; height: 150px; width: 100%;"></div>

**Personal Details**

Parent/carer's home telephone	
Parent/carer's mobile telephone	
Parent's Email address	

Name of School	
Name of Teacher	
Name and Address of GP (doctor)	
GP's telephone number	

### Emergency Contact 1

Name	Address
Relationship to child	Contact tel numbers (home and mobile)

### Emergency Contact 2

Name	Address
Relationship to child	Contact tel numbers (home and mobile)

### Medical Information and Medication

Medical Condition/s	
Name of medication/s and dosage*	Time/s medication given

\*Please provide us with details of any medication your child/young person is currently taking, this includes oxygen, prescribed medications and any over the counter medications (e.g. paracetamol)

*Please be aware that carers will not give medication unless you have provided us with a signed 'Administration Of Medication Document' (see the Summer Scheme Leader for this, ideally at the Parents' Evening).*

**Please keep us up to date on any changes to medication or health that occur between filling in this form and when the Summer Scheme begins.** And please feel free to provide us with more information if there's not enough space on this form - just attach an extra sheet.

**THIS SECTION WILL BE PROVIDED TO:  
CARERS AND SUMMER SCHEME VOLUNTEERS**

<p>So volunteers can recognise your son/daughter please attach a 2<sup>nd</sup> photo of your child or young person here. <i>(The photo can be the same as in section 1)</i></p>	<p>Child/young person's name:</p> <p>Parent/carer's full name:</p> <p>Full name/s of others who are authorised to pick the child up from the scheme:</p> <div data-bbox="737 792 1482 1193" style="border: 2px solid red; height: 150px; width: 100%;"></div>
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<p>What are your child's/young person's learning difficulties? <i>Please explain how these affect him/her.</i></p> <p>Does your child/young person have any physical difficulties? <i>Please explain how these affect him/her.</i></p>	
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## Communication

<p>How does your child/yp communicate? <i>It will help if you give as much detail as you can.</i></p>	<ul style="list-style-type: none"><li>•Speech</li> <li>•PECs</li>  <li>•Sign language (Makaton)</li>  <li>•Other – <i>please explain</i></li></ul>
<p>How would you like us to communicate with your child/yp? <i>You can also include here any helpful hints such as 'make instructions simple'; 'always use their name when you begin speaking to her'.</i></p>	
<p>How will we know they are enjoying themselves?</p>	
<p>How will we know they are not enjoying themselves?</p>	
<p>Is there anything else we should know about the way they communicate?</p>	

## Personal Care

<p>Does your child/yp need help with toileting?</p> <p><i>It will help if you give as much detail as you can. Please include if your child/yp can assist during toileting.</i></p>	<ul style="list-style-type: none"><li>•Yes</li>    <li>•No</li><p>Do they use...</p><ul style="list-style-type: none"><li>• toilet</li><li>• pads</li><li>• nappies</li><li>• other</li></ul></ul>
<p>What weight is your child/young person?</p> <p><i>This will help carers re personal care requirements</i></p>	
<p>If your child/yp is toilet trained does he/she require prompting?</p> <p><i>Please give any details that will help carers</i></p>	<ul style="list-style-type: none"><li>•Yes</li>    <li>•No</li></ul>
<p>Are there any specific toileting facilities or equipment needed to help your child/yp?</p> <p><i>Please give any details that will help carers</i></p>	<ul style="list-style-type: none"><li>•Yes</li>    <li>•No</li></ul>

**Please remember it is the parent's responsibility to provide special equipment. This includes nappies and change of clothes, utensils etc if needed. Thanks!**

## Mobility

<p>Is your child/yp in a wheelchair?</p> <p>If yes, are we able to get your child/yp out of their wheelchair?</p> <p><i>If yes, please provide details re methods of transfer etc.</i></p>	<ul style="list-style-type: none"> <li>•Yes</li> <li>•No</li> <li>•Yes</li> <li>•No</li> </ul>
<p>Does your child/yp have any mobility aids?</p>	<ul style="list-style-type: none"> <li>•Frame</li> <li>•walking stick</li> <li>•AFO</li> <li>•Other – <i>please explain</i></li> </ul>
<p>Do they need any assistance using them?</p> <p><i>Please give any details that will help carers</i></p>	<ul style="list-style-type: none"> <li>•Yes</li> <li>•No</li> </ul>
<p>If none of the above – is your child/yp a good walker?</p> <p>E.g. would they walk to the park?</p> <p><i>Please give any details that will help carers</i></p>	<ul style="list-style-type: none"> <li>•Yes</li> <li>•No</li> </ul>
<p>Does your child/yp have any other physical difficulties?</p> <p><i>Please give any details that will help carers</i></p>	<ul style="list-style-type: none"> <li>•Yes</li> <li>•No</li> </ul>

## Sensory

<p>Does your child/yp have any sensory impairments?</p> <p><i>Please give any details that will help carers</i></p>	<ul style="list-style-type: none"> <li>•Yes</li> <li>•No</li> </ul>
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## Activities

<p>Please cross out any activities you would <b>not</b> want your child/yp to participate in</p>	<ul style="list-style-type: none"> <li>•canoeing</li> <li>•bouncy castle</li> <li>•Rudyard Lake (boat and train ride)</li> <li>•pub lunch (older yp)</li> <li>•play barn visits</li> <li>•bowling</li> <li>•park/playground activities</li> <li>•music</li> <li>•reflexology</li> <li>•animal activities (hands-on)</li> </ul>
<p>Does your child/yp prefer indoor or outdoor activities?</p>	<ul style="list-style-type: none"> <li>•indoor</li> <li>•outdoor</li> </ul>
<p>What does your child/yp like / dislike doing? <i>Please cross out the ones he/she does not like</i></p> <ul style="list-style-type: none"> <li>•drawing/colouring/painting</li> <li>•going on car/bus rides</li> <li>•making things/crafts</li> <li>•socialising</li> <li>•cleaning/tidying</li> <li>•hair/make-up</li> <li>•watching television/DVDs</li> <li>•playing outside</li> <li>•going for a bike ride</li> <li>•going for a walk</li> <li>•running/play outside</li> </ul>	<ul style="list-style-type: none"> <li>•reading/looking at books</li> <li>•playing football</li> <li>•soft play</li> <li>•going to the park/playground</li> <li>•playing computer games (Wiietc)</li> <li>•listening to music</li> <li>•playing with dolls</li> <li>•dancing</li> <li>•something else – please explain!</li> </ul>
<p>Does your child/yp require a special car seat for travel? <i>If so, please provide this.</i></p>	<ul style="list-style-type: none"> <li>•Yes</li> <li>•No</li> </ul>

## Summer Scheme dates 2018

Please **circle** the boxes/dates required. Every effort will be made to accommodate the dates indicated - however this will depend on demand and staffing levels.

<b>Tuesday</b>	31 <sup>st</sup> July	7 <sup>th</sup> August	14 <sup>th</sup> August	21 <sup>st</sup> August
<b>Wednesday</b>	1 <sup>st</sup> August	8 <sup>th</sup> August	15 <sup>th</sup> August	22 <sup>nd</sup> August
<b>Thursday</b>	2 <sup>nd</sup> August	9 <sup>th</sup> August	16 <sup>th</sup> August	23 <sup>rd</sup> August
<b>Friday</b>	3 <sup>rd</sup> August	10 <sup>th</sup> August	17 <sup>th</sup> August	24 <sup>th</sup> August

Total number of days requested = ( ) days

Cost @ **£20** per day =

I am paying by cheque/online banking (Please specify)

### Payment

**By Cheque:**

**Payable to HANFA**

**Via On line Banking:**

**Sort Code:09-01-51**

**Account No:85928307**

**Alsager HANFA Association**

### **Declaration**

- ❖ I agree to adhere to the rules and protocols set up for the Summer Scheme and to respect the staff and volunteers involved in this scheme.
- ❖ Should my child require urgent medical care I give my permission for HANFA staff to seek help from the NHS including medical examination and treatment.
- ❖ **During some of our activities we might take photographs of the children/young people. Please indicate your agreement: Yes or No (please circle)**

**Signed:**

**Name (please print):**

**Relationship to child/young person:**

**Date:**

**PLEASE RETURN THIS FORM BY POST OR EMAIL to  
SUE BOWYER 56 AUDLEY ROAD ALSAGER ST7 2QN  
hanfa222@yahoo.co.uk  
By MONDAY JUNE 25TH.**

**PLEASE REMEMBER TO ENCLOSE A CHEQUE FOR THE FULL AMOUNT  
or confirm payment VIA ON-LINE BANKING, THANK YOU!**

Please use this page if there is anything else you want us to know about your child/young person

ADDITIONAL INFORMATION ABOUT (Name:.....)