

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 2nd 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">•Speech •PECs •Sign language (Makaton) •Other – <i>please explain</i>
<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>	

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"> •Yes •No •Yes •No
<p>Does your child/yp have any mobility aids?</p>	<ul style="list-style-type: none"> •Frame •walking stick •AFO •Other – <i>please explain</i>
<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"> •Yes •No
<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"> •Yes •No
<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"> •Yes •No

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"> •Yes •No
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Activities

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

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.

Tuesday	31 st July	7 th August	14 th August	21 st August
Wednesday	1 st August	8 th August	15 th August	22 nd August
Thursday	2 nd August	9 th August	16 th August	23 rd August
Friday	3 rd August	10 th August	17 th August	24 th 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:.....)