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| **Name of Child** |  |
| **Preferred Name** |  |
| **Date of Birth** |  |
| **Age next birthday** |  |
| **Address** |  |
| **Which school does your child attend?** |  |
| **Name of Primary Parent/Carer**  |  |
| **Address if different from child**  |  |
| **Home Telephone Number** |  |
| **Mobile Telephone Number** |  |
| **Who is allowed to collect your child (please indicate relationship to child)** | *eg Mrs Samantha Smith, Mum* |
| **EMERGENCY CONTACT DETAILS** |
| **First Emergency Contact with Tel Number** |  |
| **Second Emergency Contact with Tel Number**  |  |
| **Alternative to try if neither of above are available** |  |
|  |
| **Language used at home** |  |
| **Ethnicity** |  |
| **Does your child have a Social Worker? Please give name and Team**  |  |
| **Name and Address of GP**  |  |

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| **Name of Child**  |  |
| **Date of Birth** |  |
| **Which School do they attend** |  |
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| **MEDICAL INFORMATION** |  |  |
| **Medical Diagnosis (if any)**Is there any specific information about the nature of your child’s disability or medical condition. If they have a diagnosis/named condition it would be helpful to know what it is.(please use extra paper if needed) |  |  |
| **Please complete all fields, failure to do so may result in your application to the Playscheme being rejected.** | **YES** | **NO** |
| Does your child have any specific medical needs?  |[ ] [ ]
| Is your son or daughter on medication?Please give details of any medication, including inhalers that your child takes  |[ ] [ ]
| Will your son or daughter need medication whilst they are with us?If YES please give full details and also complete the medical information form  |[ ] [ ]
| Does your son or daughter have epileptic fits? If **YES** Please give details of the usual type and course of a fit (if this is possible), any possible triggers, warning signs and specific behaviours on the CJP Epilepsy Care Plan Form. |[ ] [ ]
| **If** **your child does have epilepsy are they prescribed** Midazolam ? If yes please complete send a copy of the Protocol and the School Health Care Plan and complete the CJP Epilepsy Plan and Administration of Medicine Form.  |[ ] [ ]
| Does your child have any allergies? If YES please give full details including what they are allergic to, what happens and what we should do.  |[ ] [ ]
| Are there medical restrictions on what your son/daughter can do? If **YES** please give full details:  |[ ] [ ]
| **ACTIVITIES** |
| Please let us know the sort of activities that your son or daughter enjoys including any special interests such as cars, maps, and any activities that he/she particularly dislikes.  |  |
| Is your son or daughterallowed on trampolines, bouncy castles etc.?  |[ ] [ ]
| Will he/she play alongside peers or share resources such as sand, ball pool etc.? |[ ] [ ]
| Can your son or daughter swim? If No please tell us what swimming aids they use in particular what they use at school. |[ ] [ ]
| Does he/she enjoy swimming  |[ ] [ ]
| **MEAL TIMES** |
| Can your son or daughter drink from a cup by him/herself  |[ ] [ ]
| Can your son or daughter feed him/herself?  |[ ] [ ]
| If **YES**, does your son or daughter finger feed?  |[ ] [ ]
| If **NO** what sort of help is required: |
| Please give details of any special equipment your son/daughter uses for eating or drinking:  |
| **OTHER SELF HELP SKILLS** |
| Can your son or daughter dress him/herself?  |[ ] [ ]
| Can your son or daughter take him/herself to the toilet?  |[ ] [ ]
| Does your child use incontinence pads  |[ ] [ ]
| Please give details about the level of help required: |[ ] [ ]
| **COMMUNICATION** |  |  |
| What method of communication does your child **predominantly** use if any? |[ ] [ ]
| Does your son or daughter have any **language** please give details below |[ ] [ ]
| If your child has limited language, Please tell us of any specific words or sounds that he/she uses and their meanings. |  |  |
| Does your son or daughter use **Makaton** sign language?If **yes**, please give details of any specific signs your child uses or understands. |[ ] [ ]
| Does your son/daughter use **TEACCH, PECs or other visual symbols?** If **yes**, please give details, and any specific symbols your child uses or understands |[ ] [ ]
| Please give details of any other ways that your son or daughter communicates e.g. eye pointing, gesture etc.  |
| Is English their first language if not which language do they use? |[ ] [ ]
| Does he/she exhibit behaviour which may harm others?  |[ ] [ ]
| Does your son/daughter self harm? If **YES** please give details, including possible triggers. |[ ] [ ]
| If your child becomes upset, what is the most effective way of calming him/her? |[ ] [ ]
| Please give other details you feel we should know about or difficulties we may encounter. |[ ] [ ]
| Does you son or daughter have a 1:1 helper at school? If **YES** please explain why:  |[ ] [ ]
| Does your child have behaviour strategies in place If so please send us a copy. |[ ] [ ]
| Do you think that your son or daughter needs a 1:1 helper at playscheme? If **YES** please explain why: |[ ] [ ]
| **Mobility**Does your son/daughter use a wheelchair? If **YES** Please describe how your son/daughter moves from the chair. E.g. by him/herself, with assistance or using a hoist (What type of hoist, type of sling, sling size?).  |[ ] [ ]
| **Transport** Can your son/daughter travel for an hour on a minibus without problems?  |[ ] [ ]
| If your son/daughter uses a wheelchair does he/she travel in it?  |[ ] [ ]
| Does your son/daughter need a booster seat for travelling?  |[ ] [ ]
| If **YES** will we be able to use it on the playscheme?  |[ ] [ ]

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| **Other** Please use this space and overleaf if necessary to tell us anything else about your son or daughter that you think would help us to get know him/her including other important people in their lives such as brothers and sisters, grandparents, family pets |  |  |
| **Declaration**The above information relating to my son or daughter is complete, true and correct. I am aware that basic details regarding my child name, address, telephone number, Date of birth, disability and ethnicity where known as well as my name will be shared with the Office of Children and Young People Services as well as details of when my child is on the playschemes. I am happy for Cambridge Joint Playschemes to discuss information with the social worker, school, GP, or other professional involved with my son or daughter. |  |  |
| Signed:  | Date |  |