Information and Consent Form

If you would like your child to attend any of our Respite sessions or any clubs where they will be dropped off and in our care, please complete the following form with as much detail as possible and return to us in advance of the session. We will require this information before they can attend.

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| --- | --- |
| Child’s name: |  |
| Child’s date of birth: |  |
| Detailed information about your child’s Special needs/diagnosis.    Please include the following information (separate sheets may be attached):    - EHCP/statement details if applicable |  |
| Details of Behaviours.    Triggers for challenging behaviour or upsets   * Types of challenging behaviour or   inappropriate behaviour your child may show   * Behavioural Management strategies * Physical difficulties * Any activities, games or items which may help to calm your child if they become upset or anxious |  |
| Personal care requirements.    Please include the following information:     * Does your child require help with using the toilet? * What level of help does your child require i.e. reminding to use the toilet, help to change pad, full support changing pad.     (NB. If your child requires pads we ask you to provide these) |  |

|  |  |
| --- | --- |
| Feeding/Dietary Requirements.    Please include the following information:     * Does your child require support with feeding? * Is your child on a specific diet i.e Puree, soft foods? * Tube Fed?     Please attach any feed plans your child may have. |  |
| Communication needs.    Please include the following information:    - Method of communication i.e. PECS, Grid, verbal, makaton/signalong |  |
| Medical needs.    Please include the following information:     * Medical diagnosis i.e. epilepsy, asthma etc. * Possible triggers for epilepsy, asthma etc. * Any medication your child takes * Emergency medication your child takes and information regarding type of medication dosage and when to   administer   * Allergies (does your child require and epipen)     Please provide any epilepsy or medical care plans. |  |
|  |  |
| Likes and dislikes.    Please include the following information:     * Activities or games they like * Activities or games they Dislike * Activities or games that may cause upset and anxiety |  |
| Doctor’s information.    Please include the following information:    - GP’s name and address |  |
| Emergency contact details (please provide two emergency contacts)    **Contact 1**    Name:  Relationship to  Mobile number:  Landline/Work number: | **Contact 2**    Name:  Relationship to  Mobile number:  Landline/Work number: |

Staff at Swings & Smiles are able to administer routine medications and pain relief. We are not currently able to administer emergency medication. If your child requires emergency medication (for example Buccal Midazolam) this needs to be brought to every respite session, if your child arrives without their emergency medication your child will not be able to attend this session. All staff are first aid trained and have access to first aid kits.

Please sign to say you have read the above statement.

Parent/guardian name: …………………………………………………………………

Signature: ………………………………………………………

Medication Required

Should your child require medication during respite care at Swings & Smiles, please fill out the below form to ensure all staff are aware of your child’s medication needs.

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| --- | --- | --- |
| Medication | Dose | Time/PRN |
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|  |  |  |

Please keep us up date with any changes or additions to your child’s medicine requirements.

Please sign and return to say you agree with us administering this medication to your child.

Sign: ……………………… Print…………………………. Date………………...

Allergies

|  |  |  |  |
| --- | --- | --- | --- |
| Allergy | Signs and Symptoms | Medications Required | Action Required ( Call  999, Inform parent  immediately, inform parents at end of session) |
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