

Summer Scheme dates 2019

Please indicate the dates required. Every effort will be made to accommodate the dates requested, however this will depend on demand and staffing levels.

Tuesday	30 July	6 th August	13 th August	20 th August
Wednesday	31 st July	7 th August	14 th August	21 st August
Thursday	1 st August	8 th August	15 th August	22 nd August
Friday	2 nd August	9 th August	16 th August	23 rd August

Total number of days requested = () days

Cost @ **£23** per day

I am paying by :

Cheque

Online banking (Please specify)

Payment

By Cheque:

Payable to HANFA

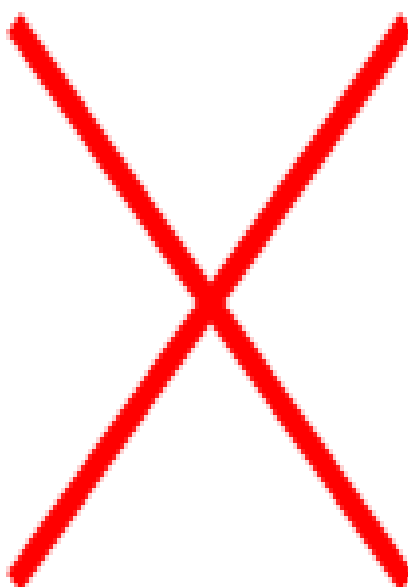
Via On line Banking:

Sort Code:09-01-51

Account No:85928307

Alsager HANFA Association

Quick Calculator



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 Wednesday June 26TH.

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

<p>Please attach a photo of your child or young person here</p>	Child/young person's name:
	Date of Birth:
	Parent/carer's full name:
	Address:

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)

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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 style="color: red; text-align: center;"> 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>
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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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Epilepsy

Does your child/yp have epilepsy?	<ul style="list-style-type: none">* Yes <i>Please give any details which will help carers</i> * No
If yes, is he/she likely to have a seizure when attending the scheme?	<ul style="list-style-type: none">* Yes <i>Please give any details which will help carers</i> * No
After/during a seizure is emergency action needed?	<ul style="list-style-type: none">* Yes <i>(this info is VITAL - please explain actions in detail)</i> * No <i>(please still explain actions to be taken)</i>

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>	

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>	<p>* Yes</p> <p>* No</p> <p>Do they use...</p> <ul style="list-style-type: none"> • toilet • pads • nappies • other
<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>	<p>* Yes</p> <p>* No</p>
<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>	<p>* Yes</p> <p>* No</p>

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

Mobility

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

Sensory

Does your child/yp have any sensory impairments?	* Yes
<i>Please give any details that will help carers</i>	

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Activities

<p>Please cross out any activities you would <i>not</i> 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 (Wii etc) * listening to music * playing with dolls * dancing * something else – please explain!

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Does your child/yp require a special car seat for travel? <i>If so, please provide this.</i>	<ul style="list-style-type: none">* Yes * No
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Please use this page if there is anything else you want us to know about your child/young person

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