

Phab 2018

April 2nd– April 8th 2018

MERCHANT TAYLORS' & ST HELEN'S SCHOOLS

Application form (to be completed by parent or guardian) for consideration of a place on Phab Week 2018.

Please complete in BLOCK CAPITALS:

Personal Details:

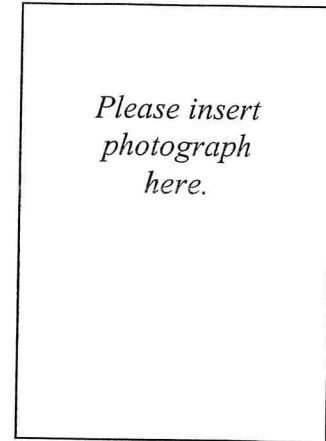
Child's full name:.....

Age during the Phab Week.....

Approximate weight:

Child likes to be known as:.....

Date of birth:.....



Boy / Girl

Name of Parent/Guardian

Home Address:.....

.....

Postcode.....

Home Telephone Number

Work Telephone Number

Mobile Number (Parent/carer)

Email (Parent/carer).....

Name of School attended

School Address.....

.....Postcode.....

School Telephone Number Is there a school nurse? Yes/No

Name of Contact.....

How many times has your child attended Phab Week before?.....

What size hoodie and polo shirt do they need (adult sizes XS, S, M, L, XL, XXL)

Medical Details

Please give full details of your child's GP

Name Telephone (including code)

Surgery Address

.....Post Code.....

Has your child been vaccinated against the following?

	Yes	No	Date
Polio			
Tetanus			
Diphtheria			
Meningitis			

Please give details of any medication your child would need to take during the holiday. Please write clearly:
(We will check and discuss medication needs on arrival.)

Medication/Drug	Dose	Time to be Taken

If appropriate, can your child take paracetamol? **Yes / No**

If not, what alternative medication is suitable?

Has your child ever suffered from epilepsy or other kinds of fit? **Yes / No**

Has there been a recent recurrence (last 18 months). **Yes / No**

Does your child suffer from asthma? **Yes / No**

Does your child have any allergies, please give details below:

.....
.....
.....

If your child attends hospital and/or respite, please give details below:

Hospital name:.....
Consultant:.....
Telephone number:.....
Frequency of attendance:.....
.....

Respite name:.....
Telephone number:.....
Frequency of attendance:.....
.....
.....

Disability and Special Needs

Nature of disability

What specialist equipment e.g. surgical splints, transfer aids, wheelchair (electric/manual) would your child bring to Phab Week?

If your child has an electric wheelchair, do they also have a manual one which they could bring to Phab Week? **Yes / No**

If your child has a wheelchair, can they sit out of it for periods of time, for instance when seated in the minibus? **Yes / No**

Does your child use a hoist? **Yes / No**

If yes, can they bring it to Phab Week? **Yes / No** Can they bring their sling? **Yes / No**

Does your child need night time respiratory support? **Yes / No**

Does your child have a special mattress or other night-time requirements? **Yes / No**

Please state

If yes, can they bring it to Phab Week? **Yes / No**

Please give details of the child's general mobility, ability to transfer etc.

How does your child communicate?

Can your child feed himself/herself? **Yes / No** Special dietary requirements? **Yes / No**
Normal / Mashed / Liquidised (Please indicate)

Is your child incontinent? **Yes / No**

If yes: Bladder? **Yes / No** Bowel? **Yes / No**

Uses pads? **Yes / No** Day? **Yes / No** Night? **Yes / No**

Is your child prone to constipation? **Yes / No**

Special word for 'toilet'?.....

Please give any additional information, which might be useful regarding incontinence.

.....
.....
.....

What night supervision does your child require, if any? (e.g. requires turning, changing position, night time comforter?)

.....
.....
.....

Please give any other information about the treatment or handling of your child which might be useful to hosts looking after your child or which would increase his/her comfort during the holiday.

.....
.....
.....

If you would like to discuss your child's medical care with the School Nurse before you apply, please contact her on 07730064633. Please also feel able to email on surgery@mtsn.org.uk

To be completed by the child's GP, Consultant or Nurse:

I confirm that the details on this form is correct and that they would be suitable for Phab Holiday Week.

Signature..... Date.....

To be completed by the child's parent/guardian:

I confirm that the details on this form is correct and that they would be suitable for Phab Holiday Week.

Signature..... Date.....

