

Goldhill Adventure Playground

Inclusion registration form

Child/young person’s name: ……………………………………………

Name of child/young person: ………………………….

Date of Birth: ………………….

Gender: Male [ ] Female [ ]

Contact Email address: ……………………………….

(this is used to contact you about all our opportunities/news):

Address: ……………………………………..

…………………………………….

……………………………………..

Postcode: ……………………

Home telephone: ………………………

Work telephone: ………………………

Mobile Telephone: ………………………

Ethnicity ……………… Religion (if any) ……………………

Referred by (word of mouth, social worker etc.) …………………………….

Name and address of school attending: …………………………….

 …………………………….

 …………………………….

Child/young person’s preferred communication aid/method

(Makaton, verbal, BSL etc.) …………………………….

Child’s preferred language …………………………….

Which of the following affect the child/young person? Please tick

|  |  |  |  |
| --- | --- | --- | --- |
| Mobilty |  | Cerebral palsy |  |
| Sensory impairment |  | Downs |  |
| Speech and language |  | Cystic fibrosis |  |
| Autistic Spectrum |  | Sickle Cell |  |
| Conciousness |  | Medical |  |
| Learning Difficulty |  | Syndrome |  |
| Physical |  | Spina Bifida |  |
| Behavioural Difficulty |  | Other |  |

How does the above affect your Child/young person?:

……………………………………………………………….

………………………………………………………………

……………………………………………………………….

………………………………………………………………..

Does the main carer have any health/disability problems?

Careres preferred language

Anthing else about their wider family (eg brothers/sisters?

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Does your child attend any other local facilities or interests the child has which could be developed?

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Do they enjoy sessions elsewhere that we may also work on.

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

Is there a medical term for the child’s disability?

Yes [ ] No [ ]

If yes what is it and will they need any extra support?

…………………………………………………………………………………………………………………………………………………………………………

Child’s health:

Does your child suffer from epilepsy [ ] diabetes [ ] Asthma [ ] heart/kidney condition [ ]

Any medication we need to know about, and can they stay a full session 3hours daily (5 hours summer) without? Important - If this is not possible please complete a medication administration/storage consent form.

……………………………………………

……………………………………………

……………………………………………

Do they have any allergies or dietary needs (eg. Nut, wheat, gluten, egg, vegetarian, Halal etc)?

……………………………………………

……………………………………………

How much care does the child require?

None [ ] a little [ ] quite a lot [ ] a great deal [ ]

Do you do anything extra to calm them?

………………………………………..

……………………………………….

…………………………………………

Do they need help with eating? Yes [ ] No [ ]

Can they have sweets, coke or crisps?

What does your family enjoy doing together?

What difficulties do you have when the whole family is involved in activities?

Is your child aggressive/ do they kick, swear hit kick when upset?

Do they have a favourite toy, book DVD etc?

………………………………………………….

………………………………………………….

Do you consent to photography or video of your child during activities?

Yes [ ] No [ ]

Are your child’s details on the disabled children’s Data Base (known to T.A.P.)?

|  |  |  |  |
| --- | --- | --- | --- |
| Motor (hand function) |  | Communication |  |
| Feeding |  | Learning difficulty |  |
| Dressing and bathing |  | Behaviour |  |
| Toileting |  | Social and emotional |  |
| Hearing |  | Mobility |  |
| Vision |  | Incontinence |  |
|  |  | Consciousness |  |

Please give any extra information on the above. This will help with their care.

………………………………………………………………..

………………………………………………………………..

………………………………………………………………..

………………………………………………………………..

Does the child/young personusually use a mobility aid e.g. wheelchair/buggy etc?

No [ ] occasionally [ ] regularly [ ] all the time [ ]

Please detail

……………………………………………………..

……………………………………………………..

……………………………………………………..

I give consent for my child/young person to received personal care as outlined above. If there are any changes in the future to the support required whilst the young person is under our care I will immediately inform Goldhill staff.

Signed Parent/guardian Date

……………………………… ……………