

2023 Haileybury Rendall School Sony Foundation Children's Holiday Camp

**Please attach
photograph
of child**

Initial Information Package

(Please print clearly)

Child's Surname _____

First Name _____

Date of Birth _____ Age _____

Height _____ Weight _____

T-Shirt size _____

Child's Disability _____

Parent/Guardian email address _____

Current School _____

Grade _____ Teacher _____

<p>Parent/Guardian Name and Address</p> <p>Telephone numbers:</p> <p>Home: _____</p> <p>Work: _____</p> <p>Mobile: _____</p> <p>_____</p>	<p>Does the child live at this address</p> <p><i>(Please circle)</i> YES / NO</p> <p>If NO, please state usual residential address</p>
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Name of person recommending child _____

Relationship to child _____

Contact number _____

Reason for recommendation _____

Regular Medications

State Medication Name / Dose / Times given

Name	Name	Name
Dose	Dose	Dose
Times given	Times given	Times given
Name	Name	Name
Dose	Dose	Dose
Times given	Times given	Times given

Allergies

Food: e.g. Peanuts _____

Medication: e.g. Penicillin _____

Other: e.g. latex _____

If **yes** to any of the above, **please complete an Allergic Reaction Form to attach to application**

Has your child ever been treated for ASTHMA? YES / NO

If yes, **please complete and attach an Asthma Form**

Has your child ever been treated for EPILEPSY? YES / NO

If yes, **please complete and attach an Epilepsy Form**

Any other medical problems, special and/or current treatments we should be aware of?

Respite

Please circle the regular respite or support assistance you receive:

Daily / Weekly / Monthly

Discuss the type of respite you receive _____

Care Plan

(Please give detailed information)

About your Child

Is your child naturally quiet and reserved or is he/she more lively and outgoing?

Quiet / Active / Very Active

(Please circle)

Favourite hobbies/interest _____

Favourite toys _____

Favourite thing they like to do -----

Any brothers and/or sisters _____

Favourite topics of conversation _____

Any pets _____

Sports teams – cricket, football, etc _____

Communication (Please circle your child's ability to communicate)

1

2

3

4

5

difficult to

very clear and

understand

easy to understand

What are the best methods of communicating with your child?

How much of what is being said can your child understand?

Mobility

Does your child require assistance or aids to walking? YES / NO

If yes, please explain _____

Does your child need a wheelchair? YES / NO

If yes is the chair **manual** or **motorised**? _____

When does your child use the chair? _____

Does your child need assistance transferring? YES / NO

Does your child need routine physiotherapy or exercise regimes? YES / NO

If yes please describe _____

Diet and Eating

How meals should be provided?

Normal **Cut up** **Puréed** **Special Diet** **Other**

(Please circle)

Small **Medium** **Large**

(Please circle)

If **Special Diet** or **Other**, please explain _____

Is there a problem with aspirating during meals/feeds? If so, how do you prevent it?

How do you manage aspiration when it occurs? _____

Is assistance required with meals? YES / NO

If yes please comment on assistance required, i.e. positioning, special utensils:

Does your child have a **Gastrostomy**? YES / NO

If YES please complete the following

Are they **Nil by Mouth**? _____

Do they eat food? _____

Do they drink fluids? _____

When are feed times? _____

What formula is used and how is it made? _____

How is formula given and over how long? _____

Describe the equipment cleaning routine? _____

Extra information or tips about your child that would be helpful for us in getting to know and care for your child.

Anything that could be a trigger for your child.

Activities or topics to avoid.

Toileting

Does your child wear incontinence aids? YES / NO

If so please describe size, type and frequency of changing _____

Is assistance required with toileting? YES / NO

If so please describe _____

What is your child's normal toileting routine and pattern? _____

How regularly does your child open their bowels? _____

Does your child use aids? E.g. a special chair _____

Personal Hygiene

Can your child dress themselves? YES / NO

How can we make dressing easier for your child? _____

What is your child's preference for daily showering? _____

Describe the methods your child uses for oral hygiene? _____

Sleeping

Usual waking time _____ Usual settling time _____

Usual settling routine _____

Does your child wake during the night? YES / NO

If yes, how do you settle them back to sleep? _____

Do they need bedrails? YES / NO

Is any sleeping aid required? _____

Swimming

Please circle your child's swimming ability and needs

- Very competent swimmer in deep water
- Swims unaided
- Requires floatation device
- Does not like swimming
- Requires more than one assistant for support in the water

Describe how your child swims (stroke type, floats only, etc) _____

Does your child wear incontinence protection when swimming? YES / NO

Behavioural Support

Please describe the methods you use to help your child manage situations of difficult behaviour

1. At home _____
2. At school _____
3. On outings _____

Any Other Relevant Information

Consent to Release of Information

Due to the numbers of children wishing to attend the camp, it may be necessary for us to contact your child's school to obtain information to support your application. Please complete the following authorisation to access information.

I _____

(Parent/guardian name)

(Relationship to child)

give permission for the nurse or the camp coordinator from the Haileybury Rendall School Sony Foundation Children's Holiday Camp to contact _____ to obtain information that will assist in the care of

(School's name)

my child.

(Signature)

(Date)

School's Telephone numbers:

Medical Details (please ensure this section is filled in)

Child's name: _____ DOB: _____

Medicare number: _ _ _ _ _ _ _ _ _ _ _ Expiry date ____ / ____

Emergency Contact Information

Emergency Contact 1

Name _____

Relationship to child _____

Address _____

Postal Address _____

Telephone numbers _____

Emergency Contact 2

Name _____

Relationship to child _____

Address _____

Telephone numbers _____

Emergency Contact 3

Name _____

Relationship to child _____

Address _____

Telephone numbers _____

Allergies

FOOD

MEDICATION

OTHER

Medical Conditions

(Please tick)

- ☐ Asthma
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Other

Past Illnesses

(Please tick)

- ☐ Chicken Pox
- ☐ Measles
- ☐ Mumps
- ☐ Glandular Fever
- ☐ Fainting
- ☐ Other
- ☐ Hepatitis
- ☐ Head Injuries
- ☐ Rheumatic Fever

*(Please complete relevant form if yes to any
of the above medical conditions)*

Other past medical conditions

Past operations, please also state year of operation

Are immunisations current for age? YES / NO

Please supply copy of immunisation record to ensure your child's application can be processed.

Medications

It is imperative that camp staff are made aware of all medications taken by campers.

List the medications that will be provided by the parents/guardian and is to be held at the camp. _____

The following non-prescription medications are held in the School Clinic for the treatment of minor conditions and illnesses. Please **initial beside each medication** which **you authorise** nursing staff to administer to your child if required

Panadol	Mylanta
Nurofen	Stingose
Aspalgin	Aspirin
Sudafed	Visine eye drops
Anti-inflammatory gels	Cold sore cream
Throat gargles	Throat lozenges
Gastrolyte	Lasonil cream for bruises

For the relief of **minor allergies** the following medications may be given. No medication will be given without this authority except in an emergency.

Please **initial beside each medication** which **you authorise** nursing staff to administer to your child if required.

Claratyne	Phenergan
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Medical Consent

I/We provide the information contained in this form and consent to the procedure set out being followed in the event of injury or illness of my child

_____ (child's name)

In particular I/we authorise you to obtain and assist in the administration of medications specified and any others notified by me/us

(Signature parent/guardian)

(Date)

Camp Procedures in the Event of an Accident or Illness

Ailments and minor injuries

- The nurse on duty will assess any ailment or injury as appropriate should they arise. If deemed appropriate referral may be made to other health professionals and parent.

Serious ailments/injuries requiring doctor or hospital admission

- Parent/guardian will be contacted using details on the emergency contacts form.
- First aid will be initiated by the nurse and will assess camper.
- The nurse will decide if the student should be taken to hospital immediately or a doctor contacted.

In an emergency or on the advice of a nurse/doctor, the camper will be transferred by ambulance to hospital. A Haileybury Rendall School representative will stay with the patient until relatives attend the hospital.

The cost of an ambulance is the responsibility of the student's family, not Haileybury Rendall School. Haileybury Rendall School takes no responsibilities for any illness or injuries that occur.

I _____

(Parent/guardian name)

(Relationship to child)

(Signature and name)

(Date)

Consent to Photographs and Publicity

I understand that photographs and video footage will be taken over the duration of the camp and give permission as follows (please circle yes/no below) for any photographs or video footage of my child to be used on: YES/ NO

The CD that will be given to the Sony Foundation, the major sponsor of this camp, to assist them in further fundraising for future camps and all camp participants. For use in Haileybury Rendall School publications that recognises the input of our Student Carers and for promotional publicity of the camp or school through media, including the Haileybury Rendall School website.

I _____

(Parent/guardian name)

(Relationship to child)

(child's name)

(Signature)

(Date)