

# INFORMATION FORM

(to be completed by parent/guardian/carer/teacher)

**Child's Surname:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

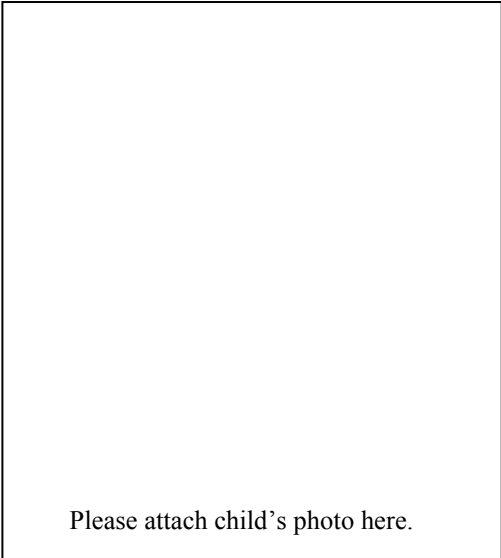
Child's Disability: \_\_\_\_\_

Child's School: \_\_\_\_\_ School Phone numbers: \_\_\_\_\_

Parent's name and address:

Does the child reside at the above address (please circle) YES / NO If no please state regular residence:

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Business: \_\_\_\_\_



**Please circle** the regular respite or support assistance you receive: **DAILY** **WEEKLY** **MONTHLY** **FAMILY** **OTHER**

Discuss the type of respite you receive: \_\_\_\_\_

**Reasons for Recommendation:** Give any reason (eg home circumstances, suitability of this particular holiday for the child) for your recommendation: \_\_\_\_\_

Name of person recommending child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone No. \_\_\_\_\_

**ALLERGIES**

FOOD: \_\_\_\_\_ DRUG: \_\_\_\_\_ OTHER ALLERGIES: \_\_\_\_\_

Please complete the additional *allergy form* if your child has allergies to any of the above.

**ASTHMA**

Has your child ever been treated for asthma? **YES / NO** **If yes please complete the additional *asthma form*.**

**EPILEPSY**

Has your child ever been treated for fits? **YES / NO** **If yes please complete the additional *epilepsy form*.**

**ROUTINE MEDICATIONS**

*state medication / dose / times given*

1.	2.	3.	4.
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Other **MEDICAL PROBLEMS, SPECIAL** or **CURRENT TREATMENTS** we should be aware of? \_\_\_\_\_

\_\_\_\_\_



**DIET**

Does your child have any **FOOD ALLERGIES?** \_\_\_\_\_

Does your child have a gastrostomy?      YES / NO      If **yes** complete **QUESTIONS 1-7**

1. Are they **Nil By Mouth**? \_\_\_\_\_
2. Do they eat food? \_\_\_\_\_
3. Do they drink fluids? \_\_\_\_\_
4. Please state feeding times: \_\_\_\_\_
5. What and how is the formula made? \_\_\_\_\_
6. How is the formula given, how long does it take to complete the feed? \_\_\_\_\_
7. State the equipment cleaning routine? \_\_\_\_\_

**Please circle** how meals should be presented:      **pureed / cut / normal / special diet / other** \_\_\_\_\_

If special diet please explain: \_\_\_\_\_

Is there a problem with aspirating during feeds? If so how do you prevent this? \_\_\_\_\_

How do you manage aspiration when it occurs? \_\_\_\_\_

Is meal time assistance required? YES/NO    **If yes** please comment on method of assistance, positioning, special utensils needed etc. \_\_\_\_\_

\_\_\_\_\_

Breakfast			Lunch			Dinner		
small	medium	large	small	medium	large	small	medium	large

**TOILETING**

**Does your child wear nappies?** YES / NO    If **yes** please explain **size / type/ frequency of change:** \_\_\_\_\_

Is assistance required with toileting? YES / NO    If **yes** please explain: \_\_\_\_\_

Please explain your child's daily toileting routine: \_\_\_\_\_

How regularly does your child have their bowels open? \_\_\_\_\_

Does your child use aids, eg special chair, etc.? YES/NO    If **yes** please explain: \_\_\_\_\_

Is there a regular toileting pattern? YES/NO    If **yes** please explain: \_\_\_\_\_

**SLEEPING****TIME AWAKE****am****TIME ASLEEP****pm**Does your child wake during the night? YES / NO If **yes** please explain: \_\_\_\_\_

Does your child require bedrails? \_\_\_\_\_

Preferred sleeping position: \_\_\_\_\_

Sleeping aids required: \_\_\_\_\_

Night settling tips: \_\_\_\_\_

**SWIMMING**

Please circle your child's swimming ability and needs:

 Very competent swimmer in deep water Swims unaided Requires flotation device Requires more than one assistant for support in the water Does not like swimming How often does your child swim?

Describe how your child swims (stroke type, floats only, etc.) \_\_\_\_\_

What continence protection does your child need for swimming? Please describe: \_\_\_\_\_

**BEHAVIOURAL SUPPORT**

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

1. At home: \_\_\_\_\_

2. At school: \_\_\_\_\_

3. On outings: \_\_\_\_\_

Due to numbers of children wishing to attend the camp it is occasionally necessary for us to contact your child's school to obtain information to support your application.

I \_\_\_\_\_ give permission for the Nurse or Registrar from the STAR Children's Holiday Camp to contact \_\_\_\_\_  
(print name) (child's school)to obtain information that will assist in the care of my child \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_  
(child's name)

Name of person completing the application form \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Ph. No. \_\_\_\_\_

Please return completed forms to:

**Matthew Hutchison**  
St Kevin's College, ToorakMoonga Road  
Toorak, 3142