

INFORMATION FORM

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

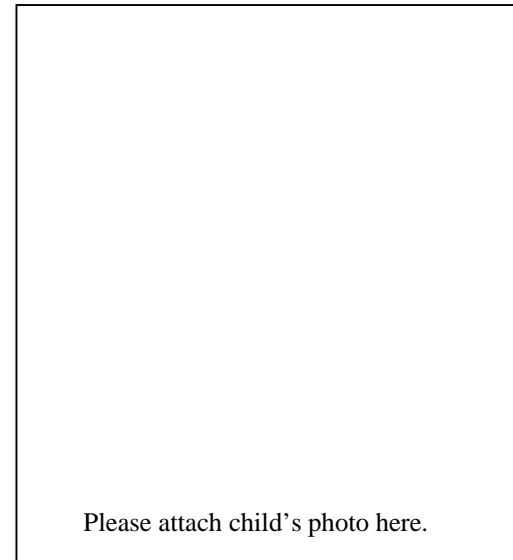
Child's Surname: _____ **First Name:** _____

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.
----	----	----	----

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