



Launceston Grammar Sony Foundation Children's Holiday Camp

APPLICATION FORM FOR PARENTS TO COMPLETE:

Please attach an up-to-date photo of your child with your application.

Child's Surname: First Name:

Date of Birth: / / Age: Weight: Height:

Child's Disability:

Child's School: School Phone Numbers:

Medicare No: Position on Card: Expiry Date:

Parent's/Carer's Contact Name:
Postal Address:
Email: Work Contact Number:

Has your child attended the Launceston Grammar Sony Foundation Children's Holiday Camp before? **Yes / No** If yes, in which year?

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

List 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.*

Emergency Contact 1.

Name: Relationship:
Mobile: Work Contact Number:

Emergency Contact 2.

Doctor (GP): Phone Number:



COMMUNICATION

Please indicate your child's level of communication on the scale: 1..... 2..... 3..... 4.....5
 (very difficult to understand) (very clear and easy to understand)

Please discuss methods of communication eg signs, PODDS, LAMP, etc.

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

Is your child naturally quiet and reserved or is he/she more lively and outgoing? *Please circle:* **QUIET** **ACTIVE** **VERY ACTIVE**

What are your child's favourite hobbies/interests?

Places your child likes to visit:

Does your child have any favourite toys/pets?

Does your child have any brothers or sisters?

MOBILITY

Does your child require assistance or aids to walk? **Yes / No** If yes please explain:

Does your child need a wheelchair? **Yes / No** Is the wheelchair motorised or manual?

DIET

Does your child have any **FOOD ALLERGIES?** **Yes / No** If yes please list:

Reaction:

Does your child require an **EPIPEN?** **Yes / No**

Please circle how meals should be presented: **PUREED / CUT / NORMAL / SPECIAL DIET**

If special diet please explain:

Is meal time assistance required? **Yes / No**

If yes please comment on method of assistance, positioning, special utensils needed etc.

Does your child have a **Gastrostomy tube (REG tube)?** **Yes / No**

Is there a problem with **aspiration/choking** during feeds? **Yes / No** If yes please provide details:

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:

TOILETING (cont.)

Please explain your child's daily toileting routine:

How regularly does your child have their bowels open?

Is your child menstruating? **Yes / No** Does she require assistance? If yes please provide details:

PERSONAL HYGEINE FOR SWIMMING

Can your child dress themselves? **Yes / No**

How can we make dressing easier for your child?

Does your child require assistance to shower (bath not available)?

Describe the method your child uses for oral hygiene?

POLO SIZE	CHILDRENS				ADULTS		
PLEASE CIRCLE	10	12	14	16	s	M	L

SWIMMING

Please tick your child's swimming ability and needs:

- | | |
|--|--|
| <input type="checkbox"/> Swims unaided | <input type="checkbox"/> Very competent swimmer in deep water |
| <input type="checkbox"/> Requires flotation device | <input type="checkbox"/> Requires more than one assistant for support in the water |
| <input type="checkbox"/> Does not like swimming | |

How often does your child swim?

What continence protection does your child need for swimming? (if required, please provide)

BEHAVIOURAL SUPPORT

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

At home:

At school:

On outings:

Does your child have any real dislikes? (i.e. loud noises, buses, clowns, lights)

How severe is their reaction? (i.e. does it involve hurting themselves and others?)

Does your child have any challenging behaviour? **Yes / No** If yes please explain:

Are there any warning signs or triggers? **Yes / No** If yes please explain:

ANY OTHER RELEVANT INFORMATION

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 (Parent's name - please print) give permission for the Director from the Launceston Grammar Sony Foundation Children's Holiday Camp, to contact my child's school to obtain information that will assist in the care of my child

(Child's name) .

Date: / / Signature:

Name of person completing the application form: (please print) Date: / /

Relationship to Child: Phone No:

Are you the legal guardian of this child: YES / NO

If No please provide details:

Please return completed forms to: sarahmegdurkin@hotmail.com or
The Launceston Grammar Reception.