

## ABBOX CAMP Sony Foundation Children's Holiday Camps application form 2017

Please return completed form to Michael Farrell, Abbotsleigh School, 1666 Pacific Highway Wahroonga 2076 or email to [ABBOX@abbotsleigh.nsw.edu.au](mailto:ABBOX@abbotsleigh.nsw.edu.au)

**Camp dates: Saturday 9 December to Tuesday 12 December 2017**

**Please complete this form as fully as you can. More details about your child will enhance your application as we would be keen to support your child and provide some respite care for you and your family.**

<p><b>Child's surname:</b> _____ <b>Child's first name:</b> _____</p> <p>Date of birth: _____ Age: _____ Weight: _____ Height: _____</p> <p>Child's disability: _____</p> <p>Child's school: _____ School phone numbers: _____</p>	<p>Photo of child</p>
--	-----------------------

Parent's / guardian's name/s \_\_\_\_\_

Home address: \_\_\_\_\_

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

Best email address to contact you: \_\_\_\_\_

Does the child reside at the home address above (circle) YES / NO

If no, please state regular residence: \_\_\_\_\_

**Has your child spent a night away from you in the past? YES / NO**

**Have you applied for any other Children's Holiday Camps this year? YES / NO** Please state which camps: (e.g. St Joseph's, Riverview) \_\_\_\_\_

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

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

**Reasons for recommendation:**

Give any reason (e.g.: home circumstances, suitability of this particular holiday for the child) for your recommendation:

---



---



**MOBILITY**

Does your child require assistance or aids to walk? YES / NO If **yes** please explain: \_\_\_\_\_

Does your child need a wheelchair? YES / NO If **yes** please state when and if the chair is motorised or manual: \_\_\_\_\_

Does your child need assistance in transferring? YES / NO If **yes** please explain: \_\_\_\_\_

Does your child require regular physiotherapy or exercise regimes? YES / NO If **yes** please explain: \_\_\_\_\_

**DIET**

Does your child have any **FOOD ALLERGIES**? YES / NO Foods to avoid: \_\_\_\_\_

Does your child have a favourite food? YES / NO \_\_\_\_\_

Does your child have a gastrostomy? YES / NO \_\_\_\_\_

**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? \_\_\_\_\_

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

**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: \_\_\_\_\_

Is your child capable of washing his/her own hands after toileting? YES / NO

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

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

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

**PERSONAL HYGIENE**

Can your child dress themselves? YES / NO \_\_\_\_\_

How can we make dressing easier for your child? \_\_\_\_\_

Describe the method your child uses for oral hygiene? \_\_\_\_\_

Is your child menstruating? YES / NO Are there any issues? \_\_\_\_\_

**SLEEPING****TIME AWAKE**

am

**TIME ASLEEP**

pm

Does your child have trouble settling at night? YES / NO \_\_\_\_\_

Does your child wake during the night? YES / NO If **yes** please explain: \_\_\_\_\_

Does your child require bedrails/sleeping aids? YES / NO please provide details: \_\_\_\_\_

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

**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? \_\_\_\_\_

Does your child require 'pull ups' or other continence protection when swimming? \_\_\_\_\_

**BEHAVIOURAL SUPPORT**

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

At home: \_\_\_\_\_  
 \_\_\_\_\_

At school: \_\_\_\_\_  
 \_\_\_\_\_

On outings: \_\_\_\_\_  
 \_\_\_\_\_

Is your child on a behaviour management plan YES / NO if yes please attach a copy to this application?

**ANY OTHER RELEVANT INFORMATION**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of person recommending child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you give permission for images of your child to be used internally (only in Abbotsleigh and Knox publications) Yes / No?

Do you give permission for images of your child to be used externally (Possibly used by the Sony Foundation for promotion of the camp) Yes / No

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 Children's Holiday Camp to contact

\_\_\_\_\_  
 Print name and your child's school)

to obtain information that will assist in the care of my child: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Child's name)

Name of person completing application form: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to child : \_\_\_\_\_ Phone: \_\_\_\_\_