

ABBOX CAMP Sony Foundation Children's Holiday Camps Application FORM 2018

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

Camp Dates: Sat 8 December – Tues 11 December 2018

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.

Child's Surname: _____ Child's First Name: _____ Date of Birth: _____ Age: _____ Weight: _____ Height: _____ Child's Disability: _____ Child's School: _____ School Phone numbers: _____	Photo of child
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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 No: _____

Do you give permission for images of your child to be used internally (only in Abbotsleigh & 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 the application form _____ Date _____ Relationship to Child _____ Ph. No. _____