

Merchant Taylors' School & St. Helen's School

Phab Week 2019 Application Form

8th – 14th April 2019

A residential holiday week held at Merchant Taylors' School, Sandy Lodge, Northwood, Middlesex, HA6 2HT

Parent/guardian – please complete and return the form to the **above address** FOA **School Nurse** by **25.02.2019**.
Print or type please.

When completed post to: School Nurse at the above address (Post preferable to email for Data Security please)

We will notify you by mid-February if your child has a place.

Cost: £50 payment on offer of a place (Hardship fund available please call: 07730064633 or 01923845544).

Childs Name:..... Boy / Girl

Please

Likes to be called:..... place photo

Date of birth:..... Age on Phab week:..... Approximate weight:.....

Home Address:.....
.....

Name of Parent/s or Guardian/s:	1 st Contact	2 nd Contact
Mobile		
Home phone Include code		
Work phone		
Email address		

Has your child attended Phab Week here before? YES NO How many times?.....

We supply a hoodie & polo shirt with your child's preferred name on the back. Nick names are allowed.

Name on garments:..... Hoodie Size: (adult sizes) XS S M L XL XXL
(Print clearly) Polo Size: (adult sizes) XS S M L XL XXL

What is the nature of child's disability? Please list all diagnosis, syndromes and conditions.

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	Name	Address	Phone Include code	Last attended
GP				
Hospital Consultant Specialist Nurse				
School School Nurse				
Respite				Last attended:
				Frequency of stays:
				For how many nights:

Please list all medication your child will/might need on the week. (We will check & discuss medication needs on arrival).

Medication/Drug	Dose	Time to be taken	Route e.g. mouth, injection, via feeding tube

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Has your child been vaccinated against the following?

	Yes	No	Date
Diphtheria			
Tetanus			
Polio			
Meningitis			

If the Nurse feels it is appropriate can your child receive 'over the counter' medication listed below?

Medication	Possible Reason	Tick if YES	Tick if NO
Paracetamol	Pain, fever		
Ibuprofen	Pain, fever		
Strepsil	Sore throat		
Cough linctus	Cough		
Antihistamine	Allergic reaction, sting, hay fever		
Laxative	Constipation		
Antacid (Rennie or Gaviscon)	Indigestion, reflux		
Antihistamine cream	Bites, rash		
Antiseptic cream	Cuts, minor burns, blisters		

Allergies: YES NO If yes please state:

Epilepsy, fits, seizures, black outs: YES NO Frequency:..... Date of last seizure:.....

Emergency Protocol in place? YES NO Buccal Midazolam/emergency medication required? YES NO (Please send/attach copy of protocol)

Asthma: YES NO

Diabetes: YES NO

If yes, insulin dependent: YES NO

Any other medical conditions not already mentioned?.....

Please circle

					Comments
Communication	Normal speech	Needs time to speak	Signs	Uses aids	
	Normal hearing	Deafness Left Right	Uses aids		
Mobility	Walks unaided, independent	Tires easily	Might run off	No road danger awareness	
	Electric wheel chair	Manual Wheelchair	Can come out of chair YES NO	Can sit on sofa or mini bus seat YES NO	
	Needs help to stand	Uses a board to transfer	Uses hoist	Has own sling & can bring to week YES NO	
Food allergies & intolerances. Eat well? YES NO	Please state:				
Drinking	Normal cup	Feeder cup	Straw	Needs all help	
Eating	Normal diet	Food to be cut	Food to be mashed/blended	Needs all help	
Food drink loves					
Food drink hates					
Special diet?					
Enteral feeding YES NO	Details:				
Washing (Showers only)	Independent	Need to prompt, remind	Some assistance needed	All care, fully dependant	

