

**THE HUDDERSFIELD SUPPORT GROUP FOR AUTISM PLAYSCHEME**

**SUMMER 2012**

**CHILDS FULL NAME:**

**DATE OF BIRTH AGE MALE/FEMALE**

**FULL ADDRESS INC. POSTCODE:**

**HOME TELEPHONE NUMBER:**

**NAME OF PARENT/CARER/GUARDIAN:**

**MOBILE PHONE NUMBER AND EMAIL ADDRESS:**

**ALTERNATIVE PERSON FOR US TO CONTACT IN CASE OF AN EMERGENCY IF WE ARE UNABLE TO CONTACT YOU:**

**FULL NAME: RELATIONSHIP**

**FULL ADDRESS:**

**TELEPHONE NUMBER (LANDLINE AND MOBILE):**

**PLEASE NOTE THAT IF YOU BOOK A WEEK ON THE PLAYSCHEME THEN THE CHILD MUST COME FOR THE FULL WEEK. THE CONTRIBUTUTION TOWARDS THE PLAYSCHEME IS £50 PER CHILD PER WEEK. PLEASE MAKE CHEQUES PAYABLE TO HSGA PLAYSCHEME. PLEASE CHOOSE ONE WEEK BELOW BY TICKING IT, IF YOU LIVE IN NORTH OR SOUTH KIRKLEES AND YOUR CHILD IS AGED 4-15 YEARS AND HAS AN AUTISTIC SPECTRUM DISORDER.**

**WEEK 1 – MONDAY 23RD JULY – FRIDAY 27TH JULY 2012**

**WEEK 2 – MONDAY 30TH JULY – FRIDAY 3RD AUGUST 2012**

**ABOUT YOUR CHILD (thinking about the play scheme specifically)**

**DOES YOUR CHILD NEED HELP USING THE TOILET? DOES HE/SHE WEAR NAPPIES/PADS? Please explain:**

**DOES YOUR CHILD NEED HELP EATING AND DRINKING? Please explain:**

**ARE THERE ANY FOODS THAT YOUR CHILD SHOULD NOT EAT? Please explain:**

**IS YOUR CHILD ON A BEHAVIOUR PROGRAMME OR ARE THERE ANY DIFFICULT BEHAVIOURS OR PROBLEMS THAT WE SHOULD BE AWARE OF? If you have a behaviour programme, please send a copy with this application form; it will not affect this application form. Please explain:**

**DOES YOUR CHILD COMMUNICATE USING SPEECH, LIMITED PHRASES, PECS OR MAKATON? Please explain:**

**DOES YOUR CHILD WALK UNAIDED OR DOES HE/SHE USE ANY AIDS? Please explain:**

**PLEASE EXPLAIN WHAT YOUR CHILD ENJOYS DOING SUCH AS ACTIVITIES, GAMES ETC. ALSO TELL US IF THERE IS ANYTHING THAT YOUR CHILD DISLIKES:**

**DOES YOUR CHILD HAVE A NOISE INTOLERANCE? Please explain:**

**IF YOUR CHILD HAS TANTRUMS WHAT IS LIKELY TO CAUSE THEM AND HOW BEST CAN HE/SHE BE COMFORTED IF UPSET?**

**CAN YOUR CHILD SWIM? DOES YOUR CHILD USE ARMBANDS OR SWIMMING AIDS?**

**DOES YOUR CHILD RUN AWAY FROM CARERS AND IF SO, CAN WE USE A WRIST STRAP WHEN WE GO OUT?**

**DOES YOUR CHILD HAVE ANY PHOBIAS? Please explain:**

**TRANSPORT**

**WE PROVIDE TRANSPORT ON THE PLAYSCHEME FOR THOSE THAT DO NOT HAVE THEIR OWN TRANSPORT. PLEASE DO NOT ABUSE THIS AS IT COSTS US £2,000 A WEEK FOR COACHES. THE MORE CHILDREN THAT WE COLLECT AND DROP OFF, THE LONGER THAT THE CHILDREN ARE ON THE BUS.**

**DO YOU REQUIRE TRANSPORT FOR YOUR CHILD? IF YES PLEASE EXPLAIN WHY:**

**WE WILL BE USING THE TRANSPORT FOR OUTINGS DURING THE DAY SO IF YOUR CHILD USES WEBBING STRAPS OR A BOOSTER SEAT PLEASE PROVIDE IT DAILY FOR THE TRANSPORT.**

**WE WILL BE GOING ON OUTINGS USING THE COACHES WE HIRE FROM STOTTS. PLEASE CAN YOU SIGN BELOW TO SAY THAT YOU GIVE YOUR PERMISSION FOR YOUR CHILD TO GO ON THE TRANSPORT DURING THE PLAYSCHEME HOURS 9.30 – 3PM AND LONGER HOURS FOR THOSE REQUIRING COLLECTING AND DROPPING OFF:**

**SIGN:**

**PRINT NAME:**

**DATE:**

**PLEASE BE AWARE THAT IF YOUR CHILD IS USING OUR TRANSPORT, THE COLLECTION AND DROP OFF TIMES WILL BE ESTIMATED AS WE CANNOT KNOW IF THERE WILL BE ROAD WORKS, TRAFFIC DELAYS AND IF EVERY CHILD IS READY ON TIME. WE ALSO MAY PLAN TO DO AN EXTENDED DAY WHEN WE GO OUT FOR A FULL DAY. YOU WILL BE MADE AWARE OF THIS BEFOREHAND. WE WILL DO OUR BEST TO HAVE CORRECT TIMES BY THE SECOND DAY**

**PERMISSION FORM**

**AND**

**MEDICAL INFORMATION**

**DOES YOUR CHILD HAVE ANY ALLERGIES OR ILLNESSES? If yes, please explain:**

**WILL YOUR CHILD NEED TO TAKE ANY MEDICATION WHILST ON THE PLAYSCHEME? If yes, please let us know what the medication is, what it is for and exactly what dosage and when the medication should be given. Please be aware that any medication we have on your child’s behalf is kept in a locked container and we can only administer medication that is in the original container that it comes from the chemist in with the child’s name and prescribed amount on it.**

**WITH STRICT SUPERVISION CAN WE HAVE YOUR PERMISSIOIN TO TAKE YOUR CHILD ON OUTINGS AND TO ACTIVITIES? YES/NO**

**DO WE HAVE PERMISSION TO TAKE PHOTOGRAPHS OF YOUR CHILD WHILST HE/SHE IS ON THE PLAYSCHEME? PLEASE DELETE BELOW WHAT YOU DO NOT GIVE PERMISSION FOR:**

**PHOTOGRAPHS FOR: HOME DIARY / SUPPORT GROUP NEWSLETTER AND DISPLAY BOARD / LOCAL**

**NEWSPAPER**

**\*EMERGENCY TREATMENT\***

**DO YOU GIVE PERMISSION FOR YOUR CHILD TO RECEIVE EMERGENCY TREATMENT IF WE ARE UNABLE TO CONTACT YOU IMMEDIATELY, IN THE CASE OF A MEDICAL EMERGENCY? YES/NO**

**PLEASE SIGN AND DATE THIS FORM BELOW TO CONFIRM THAT YOU AGREE TO WHAT IS WRITTEN IN THIS FORM BY YOU**

**SIGNED: PARENT/CARER/GUARDIAN**

**PRINT NAME:**

**DATE:**

Provide any further information you wish to add and that is useful for the staff on the playscheme to know overleaf or on a separate piece of paper. **Please return this form by Monday 23rd April 2012 to: Playscheme Co-ordinator, Sophia Saleem, 24 Somerset Road, Almondbury, Huddersfield HD5 8HZ**