



## APPLICATION FORM FOR DAY TRIPS

*To be completed by parent / carer in black or blue ink.*

*All information provided on this form will be stored securely in accordance with the Data Protection Act 1998 and protected against unlawful use.  
 It will be use for the purpose of ORCHYD only and will not be passed to a third party.*

**PLEASE PROVIDE A PHOTOGRAPH OF YOUR CHILD WITH THIS APPLICATION**  
**Please attach additional information if required**

PERSONAL DETAILS			
Child's Full Name		Age	
Date of birth		Male / Female	
Weight ( <i>sts&amp;lbs/kgs</i> )			
Main carers (Name)			
Relationship to child			
Who has parental responsibility (Name)?			
Home Address			
Email (Home)			
Tele (Home)			
School Name & Email / Tele No.			
Social Worker Name <i>(if applicable)</i>			
Social worker Email / Tele No.			

MEDICAL DETAILS	
List regular medications	
List emergency medications, <i>e.g. oxygen, midazolam</i>	
DETAILS OF DISABILITY	
Disability Summary	



<b>Child's Full Name</b>		<b>Male / Female</b>	<b>Age</b>
<b>DIETARY &amp; ALLERGIES</b>		<i>Please give further details about your child:-</i>	
Gastrostomy Feed	YES / NO	IF YES : Feed type? Frequency? Via pump or gravity?	
Nil by mouth?	YES / NO		
Allergies / intolerances	YES / NO		
<b>BREATHING AND CIRCULATION</b>		<i>Please give further details about your child:-</i>	
Suffers from epilepsy / seizures?	YES / NO	If YES, how often? What are the triggers?	
Heart Problems?	YES / NO		
Asthma / Breathing Problems?	YES / NO		
Temperature control Issues? <i>e.g. convulsions</i>	YES / NO		
<b>MOBILITY / SIGHT/ HEARING</b>		<i>Please give further details about your child:-</i>	
Legs affected? Left ? Right?	YES / NO		
Weight bearing? -stand independently	YES / NO	If YES, can your child stand with/without support?	
Walk unaided?	YES / NO	If NO, can your child walk with frame or support?	
Uses wheelchair / buggy?	YES / NO	<i>How often? Electric? Manual?</i>	
Arms affected? Left ? Right?	YES / NO		
Hearing / sight affected?	YES / NO		
Does your child need to travel in their wheelchair?	YES / NO	We have limited space for lock-in wheelchairs on the mini buses. Therefore can your child transfer to a normal seat with a booster if necessary? Yes / No	
<b>OTHER DETAILS</b>			
Speech affected	YES / NO	If YES how does your child communicate, <i>e.g. no speech, sign language, basic vocabulary ?</i>	
Other		Please detail anything else you think we should be aware of:	

Signed  
 (Parent / Carer)

Date