



ORCHYD

Holiday for Disabled Children
Registered Charity No. 1072239

PLEASE RETURN FORM TO :
18 St Catherine's Road
Ruislip, Middlesex, HA4 7RU
Email : childrens.coordinator@orchyd.org.uk
www.orchyd.org.uk

APPLICATION FORM FOR ANNUAL HOLIDAY 2011

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.

DATES : THURSDAY 4TH – SATURDAY 13TH AUGUST

VENUE : ST MARTINS C of E CHURCH HALL, EASTCOTE ROAD, RUISLIP, HA4 8DG

PERSONAL DETAILS

Child's Full Name		Male / Female	Age
Date of birth	Address		
N.H.S. No.			
Weight (sts&l/ kgs)			
Date of last tetanus	Postcode		
Religion	Tele (Home)		
School Name	School Address / Email		
Tele No.			
Doctor Name	Doctor Address / Email		
Tele No.			
Social Worker (if applicable)	Social Worker Address / Email		
Tele No.			

Do you give permission to contact School/ G.P. /Social Worker if required? YES / NO

Will transport to/from holiday cause you difficulties? YES / NO

FAMILY DETAILS

Who are main carers?	Siblings living at home?	YES / NO
	Position in family	
	Home language spoken	

Please give details of 2 emergency contacts

Name	Parental responsibility?	YES / NO
Address (if different to home address)	Relationship	
	Daytime tele no (s).	
Email address	Night-time tele no(s)	
Name	Parental responsibility?	YES / NO
Address (if different to home address)	Relationship	
	Daytime tele no (s).	
Email address	Night-time tele no(s)	

Signed
(Parent / Carer)

Date



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Child's Full Name		Male / Female	Age
Known as		Stayed away from home before?	YES / NO
Disability Summary			
List regular medications			
List emergency medications, e.g. oxygen, midazolam			
MEDICAL DETAILS			
BREATHING AND CIRCULATION		<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	YES / NO		
Temperature control e.g cold hand, convulsions	YES / NO		
MOBILITY / SIGHT/ HEARING		<i>Please give further details about your child:-</i>	
Legs affected? Left ? Right?	YES / NO		
Walk unaided?	YES / NO	If NO, can your child walk with frame or support?	
Uses wheelchair / buggy? How often?	YES / NO		
Splints / body brace? How often? Day/Night?	YES / NO		
Arms affected? Left ? Right?	YES / NO		
Hearing affected? Left ? Right?	YES / NO		
Sight affected? Left ? Right? Wears glasses?	YES / NO		



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Child's Full Name		Male / Female	Age
COMMUNICATION		<i>Please give further details about your child:-</i>	
Speech affected	YES / NO	If YES how does your child communicate Yes / No / More/ Toilet ...	
Understands / uses sign language	YES / NO		
Communication aids?	YES / NO		
EATING AND DRINKING		<i>Please give further details about your child:-</i>	
Needs help feeding? Food consistency?	YES / NO		
Special utensils/cups	YES / NO		
Gastronomy/Feed type? How often? Nil by mouth?	YES / NO		
Allergies / intolerances	YES / NO		
Likes / Dislikes / fads	YES / NO		
TOILET / WASHING		<i>Please give further details about your child:-</i>	
Toilet trained? Special aids?	YES / NO		
Wears nappies? Day? Night?	YES / NO		
Regular bowel pattern? How often?	YES / NO		
Constipation? Diarrhoea?	YES / NO		
GIRLS ONLY:- Periods?	YES / NO		
Needs help washing?	YES / NO		
Needs help cleaning teeth?	YES / NO		



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Child's Full Name		Male / Female	Age
SLEEPING		<i>Please give further details about your child:-</i>	
Bedtime routine? <i>e.g. Bedtime story</i>	YES / NO	If YES please include normal bedtime.	
Needs cot sides? Other aids?	YES / NO		
Regular sleep pattern?	YES / NO		
Favourite toy / comforter ?	YES / NO		
COMFORT / PLAY		<i>Please give further details about your child:-</i>	
Travel sickness?	YES / NO		
Swimming ? Likes water?	YES / NO		
Swimming ? Needs support / arm bands	YES / NO		
Aware of danger?	YES / NO		
Likes music / noise?	YES / NO		
Any other likes / dislikes <i>e.g. animals, dark, speed, lights?</i>	YES / NO		
OTHER		<i>Please give details of any other special care requirements or additional information to support your application.</i>	