

Pegasus Playscheme 2024 Child Application Form

CONFIDENTIAL DOCUMENT

Please ensure you answer all the questions fully. It is essential we know all details about your child so that we can ensure all staff have the most up to date information to work with.

Please tell us of any changes in your child from previous years.

If the form is not filled in correctly then I will send it back and it could

Child's Name:

Male

Female

Date of Birth:

Age at scheme:

Address:

Post Code:

Telephone home:

Mobile:

Email:

Do you agree to receive emails concerning fundraising events that are happening throughout the year?

Yes

No

Emergency contact name 1:

Number:

Relationship to child:

Emergency contact name 2:

Number:

Relationship to child:

Doctors Surgery:

Telephone Number:

School Attending:

First Language:

Ethnic Origin:

In this section can you tell us all about your child and their needs. We require you to be as honest as possible as we have new staff every year and require all the information to be up to date. We understand children change throughout the year and we will try our best to never turn a child away. We will always give a 3 days trial to all children, including those whose needs have changed. We require you to tell us triggers that you know affect your child and all the ways that you calm and manage your child when they are dysregulating.

Nature of child's disability:

What are your child's triggers that could cause upset or lead to them being overwhelmed?

How do you manage these behaviours? Do they have specific toys, ear defenders, quiet place, feelings cards, prompt cards.

What does your child dislike or is scared of?

Is your child allergic to anything?

Is there a special diet your child follows? If the group were to have an ice cream or treat would your child be able to have an alternative?

Does your child need help with the following? If yes can you please describe the level of help or support needed.

Dressing? Yes or No

Eating? Yes or No

Drinking? Yes or No

Can your child swim unaided? Yes or No
If no please tell us the aids that they use.

Does your child require the use of a wheel chair during the scheme? Yes or no
If yes please explain when they will use it. Long walks, certain attractions.

Does your child have any particular routines they need to follow?

Please tell us anything else we should know about your child? Habits or routines they may display on the scheme.

Will your child need to have medication administered during the scheme? Yes or No
If yes please tell us the name and I will send a separate sheet out by email for you and the doctor to complete.

This document remains in a confidential folder at all times. It is essential it is filled in fully.

Signed:
Parent/Carer

Date:

Consent Form

Please complete all of the consent form

Name:

	YES	NO
TO PARTICIPATE IN THE INDOOR AND OUTDOOR ACTIVITIES ON THE CONDITION THAT APPROPRIATE SUPERVISION IS PROVIDED		
TO UNDERTAKE ANY MEDICAL, SURGICAL AND DENTAL TREATMENT INCLUDING OPERATIONS UNDER GENERAL ANAESTHETIC AS MAY BE RECOMMENDED BY A QUALIFIED MEDICAL PRACTITIONER ONLY IN THE CASE OF EMERGENCY WHEN THE NEXT OF KIN CANNOT BE CONTACTED		
I CONSENT TO THE APPLICATION OF SUNTAN LOTION (PROVIDED BY PARENT/CARER), WET WIPES AND PLASTERS AS REQUIRED AT THE DISCRETION OF THE GROUP LEADER		
TO GO SWIMMING (SUPERVISED)		
TO TRAVEL IN THE PEGASUS PLAYScheme MINI BUSES, SAFELY SEATED WITH THE USE OF A SEATBELT FOR ALL JOURNEYS		
FOR SOME ACTIVITIES IT MAY BE NECESSARY TO SEND NAME AND DATE OF BIRTH OF YOUR CHILD TO A THIRD PARTY. THIS IS DONE BY A SECURE PROCESS BUT ENABLES THE GROUP TO BEGIN THE ACTIVITY QUICKER.		

PHOTOGRAPHY

	YES	NO
TO APPEAR IN OTHER CHILDRENS' PHOTOS AT THE END OF THE SCHEME, UNNAMED		
TO APPEAR ON ALL TYPES OF SOCIAL MEDIA, UNNAMED, THESE CAN INCLUDE INSTAGRAM, TWITTER, FACEBOOK AND THE PEGASUS PLAYScheme WEBSITE		
TO APPEAR IN PHOTOS THAT WILL BE USED FOR FUNDRAISING AND PUBLICITY, INCLUDING THE NEWSPAPER, UNNAMED		
TO HAVE PHOTOS TAKEN ON THE PEGASUS PLAYScheme GROUP CAMERA-PHOTOS WILL BE USED FOR YOUR CHILDS SCHEME MEMENTO		

SIGNED:
PARENT/CARER
DATE:

DOES YOUR CHILD REQUIRE PRESCRIBED DRUGS OR MEDICINES DURING THE SCHEME?

Due to regulations set out by the Playschemes insurance company, we have guidelines which must be adhered to otherwise your child will have to be excluded from joining the Playscheme. These are:

1. The drug/medicine must have been prescribed by the child's own medical practitioner.
2. It must be clearly labelled with the child's name and dosage.
3. The Playscheme must have
 - i. What condition the drug/medicine is for and its name.
 - ii. How and when it should be administered and what, if any, training is required of staff.
 - iii. If the child is consequently fit enough to attend the Playscheme.
 - iv. Any other relevant information

If you have indicated on the application form that your child will need medication during the scheme I will forward you the medication form to complete and send to your GP practice.

Please Note: If your child needs to / may need to take medication during the hours of the scheme you MUST make yourself known the group leader on the first day with specific instruction on how to administer the medication. Our staff have no medical training

Attendance Request Form

For office
use only:

Group

Paid

Childs name:

Childs age at scheme:

DATE	Requested	Granted (For office use only)
Monday 29 th July		
Tuesday 30 th July		
Wednesday 31 st July		
Thursday 1 st August		
Friday 2 nd August		
Monday 5 th August		
Tuesday 6 th August		
Wednesday 7 th August		
Thursday 8 th August		
Friday 9 th August		
Monday 12 th August		
Tuesday 13 th August		
Wednesday 14 th August		
Thursday 15 th August		
Friday 16 th August		
Totals:		