

Pegasus Playscheme 2023 Application Form

In order for your child's application to be processed **ALL** of the questions must be completed **Fully**.

This information remains confidential.

Failure to do so **will** result in your form being return

Please **DO NOT** answer with N/A

Each year we have new staff that needs as much information as possible to ensure they understand **your** child

Child's Name:

Family Surname Name if different to child's :

Male Female

Date of Birth:

Age at scheme:

Address:

Post Code:

Telephone home:

Mobile:

Email must be completed:

I agree/do not agree to receive emails concerning fundraising events that are happening throughout the year

Emergency contact details: (relationship to child, name, address, telephone number must be included)

1:

2:

Doctors Details:

Telephone Number:

School Attending:

First Language:

Ethnic Origin:

Nature of child's disability: Please give as much information as you can.

Does your child use a wheelchair/buggy?

If so is it all the time or for certain parts of the day, e.g. on walks as they get tired:

Does your child need help for any of the following, Drinking/Eating/Dressing?

If they do, please could you state the level of help that is needed, if your child wears pads do they stand or lay to have their pads changed:

Is there anything your child dislikes or is scared of:

Is your child allergic to anything?

Is your child on any special diet? If they are, please state what kind?

If your child is on a special diet could you please inform us if there are any sort of Ice cream /Ice lolly/ Treats they would prefer when out for the day?

Can your child swim unaided: Yes No

If No what sort of swimming aid do they use, and will you be sending this with them on Swimming days?

Does your child have any routines or particular needs that you feel we should know about?

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

Signed:
Parent/Carer

Date:

Consent Form

I give consent for my child _____

	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

Would you please fill in and sign the **MEDICATION CONSENT FORM** and ask your child's G.P. to fill in and sign the information required. Without this information your child **CANNOT** attend the scheme. Please note this form only has to be signed by the G.P if the medication will be given during the hours of the scheme.

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.

Medication Consent Form

Please complete to the best of your knowledge. Please ensure that all amounts and circumstances are given if required.

Child's name: _____ **D.O.B:** _____

Address:

Doctor's name and address:

I hereby give my consent to the administration by the Group Leader and Assistant Leader to the above named child of the following medication.

Name of tablet: _____

Amount: _____

Time given: _____

Rectal Diazepam (valium), Midazolam Buccal Liquid or other (please state)

_____ mg if

A) Fit lasts longer than _____

B) There are more than _____ fits in an hour

C) These circumstances occur _____

Signed: _____ Parent/Career Date: _____

Please feel free to write any other information amount administering medication that staff may find useful:

**THIS SECTION IS TO BE COMPLETED AND SIGNED BY
PARENT/CARER.**

I CONSENT TO MY CHILD _____ HAVING THE
DRUGS/MEDICINE SUPPLIED, ADMINISTERED AS DESCRIBED BELOW.

SIGNED: _____ DATE: _____

**THIS SECTION IS TO BE COMPLETED AND SIGNED BY THE CHILD'S
MEDICAL PRACTITIONER.**

CHILD'S NAME: _____

**DRUGS/MEDICINE
ADMINISTRATION**

CONDITION REQUIRED FOR

Is any training required by Playscheme personnel for any of the drugs? **YES/NO**
If so, please specify:

Is the child's condition stable enough to attend the Playscheme: **YES/NO**

G.P. NAME: _____

SIGNED: _____

DATED: _____

Pegasus Playscheme is a registered charity and any charge made by the child's medical practitioner must be paid by the parents.

Attendance Request Form

For office use
only:

Group

Paid

Childs name:

Childs age at scheme:

DATE	Requested	Granted (For office use only)
Monday 24 th July		
Tuesday 25 th July		
Wednesday 26 th July		
Thursday 27 th July		
Friday 28 th July		
Monday 31 st July		
Tuesday 1 st August		
Wednesday 2 nd August		
Thursday 3 rd August		
Friday 4 th August		
Monday 7 th August		
Tuesday 8 th August		
Wednesday 9 th August		
Thursday 10 th August		
Friday 11 th August		
Totals:		