

Merchant Taylors' School & St. Helen's School
Phab Week 2020 Application Form for Teenagers

6th – 11th April 2020

A residential holiday week held at **Merchant Taylors' School, Sandy Lodge, Northwood, Middlesex, HA6 2HT**

Parent/guardian – please complete and return the form to the *School Nurse* at the address above by **07.02.2020**.
 Print or type please. (Post preferable to email for Data Security please)

We will notify you by mid-February if your child has a place.

Cost: £50 payment on offer of a place (Hardship fund available please call: 07730064633 or 01923845544).

Email: phab@mtsn.org.uk

Childs Name:..... Boy / Girl

Please

Likes to be called:.....

place photo here

Date of birth:.....

Age on Phab week:.....

Approximate weight:.....

Approximate height:.....

Home Address:.....

Name of Parent/s or Guardian/s:	1 st Contact	2 nd Contact
Mobile		
Home phone Include code		
Work phone		
Email address		

Has your child attended Phab Week here before? YES NO How many times?.....

We supply a hoodie & polo shirt with your child's preferred name on the back. Nick names are allowed.

Name on Hoddie:..... Hoodie Size: (adult sizes) XS S M L XL XXL

Name on Polo: Polo Size: (adult sizes) XS S M L XL XXL

What is the nature of child's disability? Please list all diagnosis, syndromes and conditions.

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	Name	Address	Phone Include code	Last attended
GP				
Hospital Consultant Specialist Nurse				
School School Nurse				
Respite				Last attended: Frequency of stays: For how many nights:

Please list all medication your child will/might need on the week. (We will check & discuss medication needs on arrival).

Medication/Drug	Dose	Time to be taken	Route e.g. mouth, injection, via feeding tube

Has your child been vaccinated against the following?

	Yes	No	Date
Diphtheria			
Tetanus			
Polio			
Meningitis			

If the Nurse feels it is appropriate can your child receive 'over the counter' medication listed below?

Medication	Possible Reason	Tick if YES	Tick if NO
Paracetamol	Pain, fever		
Ibuprofen	Pain, fever		
Strepsil	Sore throat		
Cough linctus	Cough		
Antihistamine	Allergic reaction, sting, hay fever		
Laxative	Constipation		
Antacid (Rennie or Gaviscon)	Indigestion, reflux		
Antihistamine cream	Bites, rash		
Antiseptic cream	Cuts, minor burns, blisters		

Allergies: YES NO If yes please state:

Epilepsy, fits, seizures, black outs: YES NO Frequency:..... Date of last seizure:.....

Emergency Protocol in place? YES NO Buccal Midazolam/emergency medication required? YES NO
 (Please send/attach copy of protocol)

Asthma: YES NO **Diabetes:** YES NO If yes, insulin dependent: YES NO

Any other medical conditions not already mentioned?.....

Please circle

					Comments
Communication	Normal speech	Needs time to speak	Signs	Uses aids	
	Normal hearing	Deafness Left Right	Uses aids		
Mobility <small>(Mobility continued next page)</small>	Walks unaided, independent	Tires easily	Might run off	No road danger awareness	

	Electric wheel chair	Manual Wheelchair	Can come out of chair YES NO	Can sit on sofa or mini bus seat YES NO	
	Needs help to stand	Uses a board to transfer	Uses hoist	Has own sling & can bring to week YES NO	
Food allergies & intolerances. Eat well? YES NO	Please state:				
Drinking	Normal cup	Feeder cup	Straw	Needs all help	
Eating	Normal diet	Food to be cut	Food to be mashed/blended	Needs all help	
Food drink loves					
Food drink hates					
Special diet?					
Enteral feeding YES NO	Details:				
Washing (Showers only)	Independent	Need to prompt, remind	Some assistance needed	All care, fully dependant	
Teeth cleaning	Independent	Need to prompt,	Some assistance	All care, fully dependant	
Toileting	Independent	Needs some help reminding	All assistance	Nappy/pad Day YES NO Night YES NO	
	Prone to constipation? YES NO				
Night time (Guests sleep in Dorms)	Sleeps well? YES NO	Night light? YES NO	Aprox. number of hours?	Comforter? YES NO	
	Gets up at night?	Noisy at night?	Toileting at night?	Turning at night?	
At home sleeps	Normal bed	Very low bed	Electric/special Special bed	Cot sides	
	Waterproof mattress	Any other night time requirements?			
	Night time respiratory support	Details:			

Please add any additional information that you feel we should be aware of e.g. recent upheaval, bereavement.

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General Data Protection Regulation (GDPR)

The information given will be processed to help us compile our care plans and risk assessments so we can keep everyone safe.

Prior to Phab Week, the information will be stored securely in a lockable cupboard with limited access and will not be shared with other organisations other than in an emergency situation.

Each pair of hosting students will be provided with limited information in order to ensure their guest's wellbeing during the week. Staff running the week will have access to all the information provided.

The information may be stored for an indefinite time if a known accident/incident has taken place for safeguarding and health and safety purposes.

It is recommended to return the form by post rather than email.

Post to:

School Nurse

Merchant Taylors' School Sandy Lodge

Northwood

Middlesex HA6 2HT

phab@mtsn.org.uk