|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **Full name of young person:** |  | | |
| **Their age:** |  | Their Disability: |  |
| Address: |  | |
| Postcode: |  | Borough: |  |
| School (if applicable): |  |  | |
| **Contact Number:** |  |
| **Contact Email address:** |  |
| Name & Age of any siblings attending: | 1. | | 4. |
| 2. | | 5. |
| 3. | | 6. |
| **Name of parent/carer attending:** | |  | |

|  |  |  |
| --- | --- | --- |
| **Your Child’s Mobility out of the pool** | **Changing Area Requirements** | **Method of transfer to the pool** |
| Walks unaided | Shower bed needed | Walks unaided |
| Walks aided with one helper | Chair or Bench needed | Walks with support |
| Uses crutches or frame | Turntable and steps needed | Shower chair needed |
| Wheelchair dependent user | Can stand to change with no additional equipment needed. | Hoisted |
| Wheelchair independent user |  | |
| Electric Wheelchair user |
| Page 1 of 4 To complete | | |

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|  | | | | |
| **Swallowing Needs** | | **Epilepsy Needs:** | | **Additional Tubing:** |
| Safe swallow | | None | | Gastrostomy button |
| Unsafe swallow | | Well controlled | | Gastrostomy Peg |
| Dysphagia | | Rescue Medication poolside | | NG Tube |
| NIL by Mouth | | Type of seizure: | | Tracheostomy |
| Suction machine required poolside | | Any other: |
| Parents/carers are responsible for bringing any emergency medication. Please note Jack Tizard staff are not able to administer medication. | | | | |
|  | |  | |  |
| **Breathing Needs:** | | **ANY OTHER INFORMATION YOU WOULD LIKE US TO BE AWARE OF ABOUT YOUR CHILD’S NEED:** | | |
| Asthma | | [This can include if they prefer a quieter session or if they can tolerate others making noise.] | | |
| Chest Infections | |
| Requires protocol Oxygen | |
| Nasal Cannula for Oxygen | |
|  | | | | |
| **ANY FAMILY MEMBER MEDICAL NEEDS:**  (This information will be shared with the poolside first responders) | | | | |
| Name: |  | | Relation to child: |  |
| Medical / Health need: | | | | |
| Page 2 of 4 to complete | | | | |

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|  | | |
| WEEK 1 | | |
| **MONDAY 25TH**  **JULY** | **WEDNESDAY 27TH JULY** | **FRIDAY 29TH**  **JULY** |
| 9am to 10.30am  (Hoist user priority) | 9am to 10am | 9am to 10am |
| 10.30am to 12pm  (Hoist user Priority) | 10am to 11am | 10am to 11am |
| 1pm to 2pm | 11am to 12pm  (Calm swim) | 11am to 12pm |
| 2pm to 3pm | 1pm to 2.30pm  (Hoist user priority) | 1pm to 2pm |
| 3pm to 4pm | 2.30pm to 4pm  (Hoist user Priority) | 2pm to 3pm |
|  | | 3pm to 4pm |
| WEEK 2 | | |
| **MONDAY 1ST AUGUST** | **WEDNESDAY 3RD AUGUST** | **Any time/day preferences to help the team:** |
| 9am to 10.30am  (Hoist user priority) | 9am to 10am |  |
| 10.30am to 12pm  (Hoist user Priority) | 10am to 11am |
| 1pm to 2pm | 11am to 12pm  (Calm swim) |
| 2pm to 3pm | 1pm to 2.30pm  (Hoist user priority) |
| 3pm to 4pm (Calm swim) | 2.30pm to 4pm  (Hoist user Priority) |
| PLEASE NOTE HOIST PRIORITY SESSIONS STILL HAVE A 30 MINUTE SWIM. THE EXTRA TIME IS FOR TRANSFERS.  Page 3 of 4 to complete | | |

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| Please sign & return all pages to [pool@jacktizard.lbhf.sch.uk](mailto:pool@jacktizard.lbhf.sch.uk) |
| 2022 Booking Form Swimming (5) |
| **Your Name:** |
| M:\HOLIDAY SCHEMES\SUMMER SCHEMES\Summer 2022\BOOKING FORMS\2022 Booking Form Swimming (6).pngPage 4 of 4 to complete |

*Please sign & return to* [*pool@jacktizard.lbhf.sch.uk*](mailto:pool@jacktizard.lbhf.sch.uk)