



Oxford & District Mencap Holidays Application

Camp	Date	Arrival time	Pick up time	Cost
Week 1	Saturday 20th July to Friday 26th July	2pm	3pm	£353
Week 2- Top Camp	Sunday 28th July to Friday 2nd August	2pm	3pm	£330
Week 2- Bottom Camp	Sunday 28th July to Friday 2nd August	2pm	3pm	£330
Week 3	Sunday 4th August to Friday 9th August	2pm	3pm	£308

You are invited to attend **Week 1**.

Please complete this form **fully** as we have many new volunteers each year and the more information you can give, the better the holiday is for you.

If you have any additional lifestyle/caring information that would help us, please enclose that too.

We look forward to seeing you at the camp!

General Information

Name of Camper: 	Date of Birth: Age:
Home Address (inc.postcode): 	Parent/Carers Name and Address (if different from camper's address):
Camper Contact Information Home: Mobile number:	Parent/Carer's Contact Information Home/work: Mobile number: Email address: <i>Relationship to camper:</i>
Emergency Contacts - please provide details for two people to call in case of emergency.	
Contact 1 Address (inc.postcode): Home telephone number: Work: Mobile: <i>Relationship to camper:</i>	Contact 2 Address (inc.postcode): Home telephone number: Work: Mobile: <i>Relationship to camper:</i>



Doctors Name:

Address (*inc.postcode*):

Surgery Phone No:

All correspondence will be via email unless stated otherwise.

I prefer to receive information via post

Who should we send all future correspondence to regarding the 2019 Holiday?

.....

I give permission for photos to be taken and occasionally used when fundraising and putting activities on the website (www.oxfordmencap.org.uk)

Signature.....

Are you going on any other holidays similar to this one supported by a charity this year? If Yes, which one?

.....

Camper Information

Physical needs

Are you a wheelchair user?

Please describe any assistance you need with walking/activities

Do you wear glasses? If yes, do you have a spare pair with you?

Do you wear a hearing aid? Yes / No

Additional Information;

Can you dress yourself?

Additional Information;



Can you feed yourself?

Additional Information; Do you have special utensils?

Can you wash/shower/shave/clean teeth?

Additional Information;

Can you go to the toilet unaided? Yes/No

Do you ever use incontinence pads? If yes, when?

Additional Information;



Communication

Describe communication difficulties you have and how you best communicate your needs.

Please explain your reaction when you are upset or hurt or need to express pain (especially if you remain quiet). What will you want to do?

Do you use Makaton?

Behaviour

Do you have problems controlling your temper? (e.g. hair pulling/biting)

Do you have any particular fears that we should know of? Yes / No

Describe what triggers these outbursts and how we can help you at these times;

If you came last year are there any changes in your mood, behaviour, actions/reactions that it would help us to know about? Any changes in schooling/homes? Are there things that you have been learning this year that we should be aware of? (Continue over if necessary.)



Medical Information

Can you let us know what you are diagnosed as having, if anything?

Epilepsy

Do you have epilepsy? Yes / No

If yes, when was your last seizure?.....(Date)

What does a seizure look like and how long does it last?

How frequently do seizures tend to occur?

What can trigger a seizure?



What support do you need during and after a seizure?

Do you require rectal diazepam following a seizure? Yes / No

Asthma

Do you suffer from asthma? Yes / No

If yes, do you use an inhaler? Yes / No Brand..... Name.....

When was your last attack?(Date)

When was your last tetanus booster? _____ (Date)



Medication Chart

Medication Chart for.....(name)

Please list all medication, even in prepared packs.

Please print the drug name and individual size (e.g. milligrams or millilitres), also the number of tablets taken at a given time. Please alter if different to times stated.

Medication Name	Size (mg or ml)	Time for medication to be given (i.e. 7am, with lunch etc)	Comments (e.g. before/after food)

Signature on arrival at camp that the medication above has not changed since May (or add changes)

Signature:Date:.....



Allergies

Are you allergic to the following?

Paracetamol/Calpol		Plasters		Aspirin	
YES	NO	YES	NO	YES	NO

Please list any other allergies you have or any other medications you should not be given:

.....

Do we have your permission to administer aspirin or paracetamol if necessary?

Yes / No If yes, which is preferred?.....

Please give details of any recent medical emergencies/doctors visits. Or any other medical/health information which you would like us to be aware of. Feel free to attach a separate sheet.

To be signed by the legal guardian:

In the case of an emergency, I give my permission for the relevant medical authorities to do what they can to preserve the life of the person named above until I can be contacted.

Please sign and print your name below:

Signature Date

Print name

Dietary Needs

Is there any food or drink that you are not allowed or any specific dietary requirements?

Is there any food or drink that you are allergic to?

Interests

Briefly describe yourself, the person you are, and what you do and do not like doing.

If you have been to Hill End before, what did you like doing most?



What did you like doing least?

And finally, is there anything else we should know that will help you to enjoy your holiday as much as possible?



Payment

Completed forms/cheques can be sent to administrator@oxfordmencap.org.uk or alternatively posted to: **Mrs Julia Fairbairn, 24 Squitchey Lane, Oxford, Oxfordshire, OX2 7LD.**

Cheques should be made payable to **Oxford & District Mencap** (please write the name of the camper on the back).

I have enclosed a cheque

or alternatively a bank transfer can be made to: **Account- Oxford & District Mencap**

A/C No.- 08539278

Sort Code- 54 21 23

Please use the Surname of camper as your reference.

I have paid by Bank Transfer