

Health and Information Form

Forest Pulse

C/O Heart of the Forest Community Special School,
Speech House, Coleford, Glos, GL16 7EJ

Tel/Fax: 01594 826357

"GETTING TO KNOW YOU" HEALTH & INFORMATION FORM To be completed for ALL children attending Forest Pulse activities

Please complete this form in as much detail as possible to help us know your child and to ensure that he/she gets maximum benefit from any Forest Pulse Activities he/she is involved with. It is often the little things which are important to put children at their ease and help them feel secure in a new situation! If there is any behaviour or activity you are trying to encourage or discourage we will try and follow this through if we can - if we know about it! Please ensure that all sections of the form are completed, it may be returned if insufficient information is provided.

My full name is My friends call me

I am Years old, and I was born on

My home address is

My parents names are

My home phone no is Email address

My parents/guardians mobiles are

I live with (please tell us everyone who lives at home)

I go to school at Do you have a Statement of Educational Needs?

Professionals I see regularly

Please provide details of all your special needs/disabilities, including any diagnoses, and explain how this affects you (please continue on a separate sheet if necessary)

I take the following medication

Please tick if any prescribed medication should be given whilst your child is at Forest Pulse activities [box] and complete separate Medicine Record. Note: non-prescription medicines (e.g. cough mixture, Calpol etc) can only be given with the written consent of parents.

My doctors name, address and telephone number is

I am allergic to

Date last tetnus Immunisations received

I use the following communication methods

Toileting help needed; If pads used - changed lying [box 1] changed standing [box 3]

To be encouraged to use toilet when pad changed [box 2]

Any other relevant personal care information

Help I need to get dressed/undressed

Help I need eating/drinking

Help I need to get around

Things which frighten me

Things which make me angry.....

How I react when I'm frightened/angry.....

What calms me.....

Am I likely to wonder/run off.....What might trigger this.....

Any other behaviours we should be aware of

Things I really like doing

Special things I should be doing

Things I shouldn't be doing!

Additional information

IF YOU CANNOT CONTACT MY PARENTS AT HOME IN AN EMERGENCY, PLEASE CONTACT ONE OF THE PEOPLE, THEIR NAME, RELATIONSHIP, ADDRESS AND TELEPHONE NUMBER I GIVE BELOW:

1)

2)

- I am the mother/father/legal guardian of and hereby give my consent to him/her taking part in all Forest Pulse activities (and associated off-site trips) organised during the year up to August 2014.
I give my consent for an authorised person on behalf of Forest Pulse to administer medication as detailed on Medicine Record. I will send the required amount of medication in on a daily basis in an original container clearly marked with my child's name, name of drug and strength, dose and expiry date.
In the event of an emergency I give my consent for such a person to act on my behalf to seek medical advice or take any other necessary action, on the understanding that I am notified as soon as possible. I authorise Forest Pulse staff to sign any written form of consent required by the medical authorities if the doctor considers that the delay in getting my signature may endanger my child's health and safety.
I agree to Forest Pulse seeking information from my child's school, doctor, or anyone else involved in their care and/or welfare in order to assist in meeting their individual needs whilst on Forest Pulse activities.
I agree that I shall not send my child to any activity unless he/she is in good health. I will notify Forest Pulse staff if my child is suffering from any infectious/contagious condition and will not send them to any Forest Pulse activity if they are at the infectious stage of any illness. I understand the risks of infection and the implications if my child has not been vaccinated against Tetanus, Hepatitis B, measles, mumps, German measles, polio.
I give permission for Forest Pulse to administer sun-block. (Please notify in writing if a specific sun-block, which you will provide, has to be used).
I agree that photographs/video footage can be taken and used by the Charity to publicise both its own activities and those undertaken in partnership with other organisations.

NAME OF PARENT/GUARDIAN (please print)

SIGNATURE DATE

[Print](#)