

CONSENT FORM (ADDITIONAL INFORMATION)

GHYLL HEAD

Outdoor Education
& Activity Centre

Participants Name
Organisation:
Date of visit:
Details of any additional needs, please be as detailed as you can be.
Relevant details of any physical difficulties
Relevant details of any learning difficulties
Does the participant have a visual or hearing impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details
Please tick the appropriate description regarding walking ability and wheelchair use: <input type="checkbox"/> Walk independently <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Walk with aid <input type="checkbox"/> Occasional wheelchair use <input type="checkbox"/> Wheelchair user can transfer unaided <input type="checkbox"/> Wheelchair user needs help to transfer <input type="checkbox"/> Wheelchair user cannot transfer
If the participant is a wheelchair user please circle the appropriate weight for moving and handling purposes: <input type="checkbox"/> Under 50kg (8 stone) <input type="checkbox"/> 50 - 85kg (8 - 14 stone) <input type="checkbox"/> Over 85kg (14+ stone)
If the participant is in a full time wheelchair user do they use a hoist to transfer? <i>(If yes, please note we have a loop sling system in our changing areas and boat house)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be sending personal hoist slings <i>(If you have a clip system at home we can provide loop slings)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

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Additional Information

Does the participant have any phobias or obsessions?

Yes No

If yes, please give details

Needs assistance with toileting and personal hygiene

Yes No

If yes, please give details

Bedtime routine

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Food

Does the participant have any food issues?

Yes No

If yes, please give details

Does the participant have a PEG? Or eats orally?

Describe the texture of the food the participant eats. Tick which applies

Liquidized Puree Soft mash Lumpy Mash Cut Up Regular

Any other information you feel would help your child enjoy their stay with us

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Signed

Date

Parent/Guardian Full Name (Print)

Contact Number

Continue onto a separate page if needs be...

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CITY COUNCIL