



Sony Camp 2019 Camper Application Form



TO BE COMPLETED BY PARENT(S) OR GUARDIAN(S). Please complete the following form as honestly and comprehensively as possible. The information you provide in this application is vital to matching your child with the most suitable Companion.

CHILD'S DETAILS

Surname First name

Preferred name Date of birth

Weight (kg) Height (cm)

Disability Current school

Age at time of camp

PARENT / GUARDIAN DETAILS 1

Surname First name

Address

Mobile Work phone

Email

PARENT / GUARDIAN DETAILS 2

Surname First name

Address

Mobile Work phone

Email

CHILD'S PLACE OF RESIDENCE

With both parents/guardians With parent/guardian 1 With parent/guardian 2 Other

If other, please give address and contact details

.....

EXTRA INFORMATION

Have you applied for any other children's holiday camps this year?

How often do you receive respite or support assistance? Daily Weekly Monthly Other Never

Please detail the type of respite you receive

.....
.....



Sony Camp 2019 Application Form



MEDICAL HISTORY

If your application is successful, a nurse will be in contact with you to obtain more detailed information on your child's routine care and medical history

Does your child suffer from any of the following? Asthma Epilepsy / Fitting Other

If 'other', please explain

Does your child suffer from any of the following? Medication allergies Food allergies

List all your child's routine medication (please state dose and times given)

.....
.....

Medical Problems (plus any special or current treatments of which we should be aware)

.....
.....

CARE PLAN INFORMATION

Is your child naturally quiet and reserved or more lively and outgoing? Quiet Active Very active

What are your child's favourite hobbies?

.....

Tell us about your child's favourite topics of conversation and if they have a favourite toy? (please specify)

.....

COMMUNICATION

Please indicate your child's level of communication (1 = very difficult to understand and 5 = very easy to understand)

1 2 3 4 5

How much of what is being said does your child understand (1 = limited understanding and 5 = full understanding)

1 2 3 4 5

Please discuss methods of communication (PECS, Proloquo2Go, signing, etc.)

.....

BEHAVIOURAL SUPPORT

Please describe methods you use to help your child manage challenging situations in the following environments

Home.....

School.....

Outings.....

Has your child ever exhibited violent or challenging behaviour? No Yes

If 'yes' please indicate where this happens and how you manage these situations.

.....
.....



Sony Camp 2019 Application Form



MOBILITY

Does your child require assistance or aids to walk? No Yes (please explain)

.....

Does your child need a wheelchair? No Yes (please explain when and if motorised or manual)

.....

Does your child require regular physiotherapy or exercise? No Yes (please explain)

.....

DIET

Does your child have any food allergies? No Yes (please provide details)

.....

Does your child have a gastrostomy? No Yes

How should your child's meals be presented? Pureed Cut Normal Special Diet Other

If Special Diet or Other, please provide details

.....

Is there a problem with aspirating during feeds? No Yes (please explain how you prevent this?)

.....

How do you manage aspirating when it occurs?

.....

Is mealtime assistance required? No Yes (please comment on method, positioning, utensils needed etc.)

.....

TOILETING

Does your child wear nappies? No Yes (please explain size/type/frequency of change)

.....

Is assistance required with toileting? No Yes (please provide details)

.....

Does your child use aids (e.g. special chair) No Yes (please provide details)

.....

Is there a regular toileting pattern? No Yes (please provide details)

.....



Sony Camp 2019 Application Form



PERSONAL HYGIENE

Can your child dress herself/himself? No Yes

How can we make dressing easier for your child?

.....

Describe the level of support required for daily bathing?

.....

Describe the level of support required for oral hygiene/teeth brushing?

.....

Is your daughter menstruating? No Yes N/A

What level of support does your daughter require during menstruation?

.....

SLEEPING

Time your child wakes up in the morningAMPM

Describe your child's bedtime routine?.....

Does your child wake during the night? No Yes (please provide details on how best to settle your child)

.....

Does your child require bedrails/sleeping aids? No Yes

SWIMMING **Please indicate your child's swimming ability and needs**

Choose one of the following:

My child is: Very competent Competent Not confident

Choose one of the following.

My child is an independent swimmer

My child requires one assistant for support in the water

My child requires more than one assistant for support in the water My child does not like swimming

How often does your child swim?.....

.....

Does your child require a floatation device? Please explain what sort

.....

What continence protection does your child need for swimming?

.....



Sony Camp 2019 Application Form



Please provide any other information that may assist us in assessing your application

.....
.....
.....
.....
.....

Due to the numbers of children wishing to attend Sony Camp, it may be necessary for our Registrar or Nurse to contact your child's school to obtain information to support your application

CONTACT AT YOUR CHILD'S SCHOOL

Contact Name

Job Title.....

Phone or Email

CONSENT TO CONTACT CHILD'S SCHOOL

I/We being the parents/guardians of
..... give consent for the Sony Camp Committee to contact, if necessary, the above-named person to obtain information to support my application

Signature

Signature

NAME OF PERSON COMPLETING THIS FORM

Full name.....

Relationship to child.....

Date.....

Please return completed form to:
Camp Co-ordinator, Melissa Boyd
Sony Camp, Pymble Ladies' College
PO Box 136, North Ryde BC, NSW 1670 Australia
Email: sonycamp@pymblelc.nsw.edu.au

Please call the Camp Co-ordinator on 02 9855 7634 for further information