|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Basic details:** | | | | | | | |
| **Name of child:** |  | | | **DoB:** | |  | |
| **Name of parent / carer:** |  | | | **Consent signature:** | |  | |
| **Address:** |  | | | | | | |
| **Emergency contact details:** | | | | | | | |
| **Name:** |  | **Contact number:** |  | | **Relationship to child:** | |  |
| **Name:** |  | **Contact number:** |  | | **Relationship to child:** | |  |
| **Social Worker Name:** |  | **Contact numbers:** |  | | **Email:** | |  |
| **Medication details (including asthma pumps):** | | | | | | | |
| **Medication name:** |  | **Dosage:** |  | | **Administration method:** | |  |
| **Any known allergies:** | **Yes** | **No** | **Details:** | | | | |
| **Wheelchair user:** | **Yes** | **No** | **Details:** | | | | |

**If your child or young person is not on roll at a Nexus MAT school, additional information is required in order to safely meet the needs of your child and enable them to have a positive experience. Please complete above form and attach the following information where appropriate.**

* Pupil profile
* Positive Handling Plan
* Health care plan (detailing all personal care requirements)

**NAME:**

**JOB TITLE:**

**TEL No:**

**Please also include details of any personal assistant or carer who will/may be accompanying your child / young person to activity:**

**Request for bespoke provision**

**Please give details of the child/young person’s needs and what type of short break you would like them to receive. Please include as much information as possible, Bespoke provision will always be personalised to need. Following referral, you will be contacted to arrange a meeting with school.**

**Bespoke provision may incur additional cost.**