

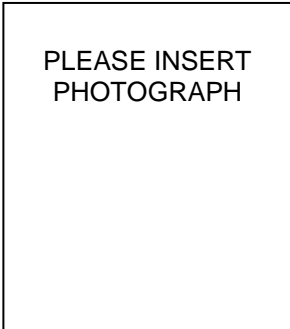
**MEMBER'S DETAILS**

MEMBER'S SURNAME: \_\_\_\_\_

FIRST NAME/S: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_



**PARENTS/CARERS' DETAILS**

SURNAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

FIRST NAME/S: \_\_\_\_\_ HOME PHONE NUMBER: \_\_\_\_\_

MR./MRS./MS./MISS (Please delete where applicable) MOBILE PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POST CODE: \_\_\_\_\_

**EMERGENCY CONTACT DETAILS**

NAME: \_\_\_\_\_ HOME PHONE NUMBER: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ MOBILE PHONE NUMBER: \_\_\_\_\_

**SOCIAL WORKER (if applicable)**

NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

**SPECIAL NEEDS**

Will your young person require assistance with eating and drinking? Will your young person require assistance with personal care? If communication is a problem, do they use Makaton? Please give as much information as you can to help us meet their needs.

\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL INFORMATION**

Please give as much information as you can on any activities your young person likes or any activities that they particularly dislike as well as any fears they may have, e.g. fear of the dark, fear of loud noises, to enable us to assess certain situations.

LIKES: \_\_\_\_\_

DISLIKES: \_\_\_\_\_

SIGNED \_\_\_\_\_ PARENT/CARER DATE \_\_\_\_\_

**MEDICAL INFORMATION**

DOCTOR'S NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

MEDICAL CONDITION: \_\_\_\_\_

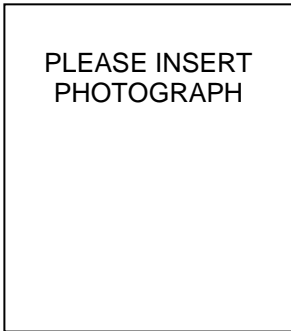
ALLERGIES: \_\_\_\_\_

If attending hospital as an outpatient

CONSULTANT'S NAME: \_\_\_\_\_

MEDIC ALERT: YES/NO

HOSPITAL NAME: \_\_\_\_\_



Please tell us about the medication prescribed for your young person – the name, the dosage to be given and how often.

**WE CANNOT PROCESS YOUR APPLICATION WITHOUT COMPLETION OF THIS PERMISSION PLEASE COMPLETE THE FORM – even if all medication is administered at home, we still need to know details of all medication given in the event of an emergency.**

**If your child does not require any medication please write 'NONE' and sign the declaration if you give your permission for emergency treatment to be administered.**

**PERMISSION FOR MEDICAL TREATMENT**

**I hereby give permission for my child to have their medication administered by your nurse.**

**DETAILS OF MEDICATION:**

Name	Quantity	How Often
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

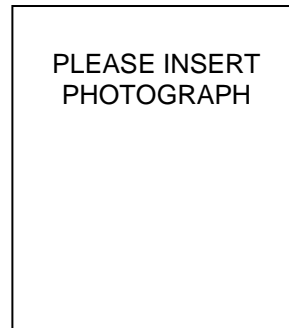
**I will send medication for you to keep/I will send medication daily (Please delete where applicable)**

**I hereby give permission for any medical treatment to be given to my child in an emergency should this be required**

SIGNED \_\_\_\_\_ PARENT/CARER      DATE \_\_\_\_\_

**PHOTOGRAPHS**

Please supply recent photographs of your young person. It is a regulation of OFSTED that we keep a photographic record of each young person and we would be grateful if you could supply us with at least 3 recent photographs for confidential and medical file use.



Please delete where applicable

- Permission for ASP to use photograph for confidential/medical file use only YES/NO
- Permission to have photograph taken YES/NO
- Permission to use photograph at ASP venues only, e.g. Glebelands YES/NO
- Permission to use photograph at other venues such as exhibitions, etc. YES/NO

**PERMISSIONS**

Please delete where applicable

- Permission to use bouncy castle YES/NO
- Permission to use trampoline YES/NO
- Permission to use pedal powered go karts YES/NO

For any other activities requiring parents/carers' permission, written permission will be sought prior to the event

SIGNED \_\_\_\_\_ PARENT/CARER      DATE \_\_\_\_\_

**ADUR SPECIAL NEEDS PROJECT**  
**PARENTAL AGREEMENT FOR SETTING SO ADMININSTER MEDICINE**  
**The setting will not give your child medicine unless you complete and sign this form.**  
**Child's Details**

Name Of Child:	
Date Of Birth:	/ / (Day/Month/Year)
Medical condition/illness:	

**Medicine Information**

Name Type of Medicine (As described on the container):	
Date Dispensed	
Expiry Date:	
Dosage and Method:	
Timing:	
Special Precautions:	
Are there any side effects that the setting needs to know about?	
Self administration:	Yes/no (delete as appropriate)

**Parental Contact Details**

Name:		
Daytime Telephone No:	Home:	Mob:
Relationship To Child		

I understand that I must deliver the medicine personally to Mrs H Walker or Mss F Wood and accept that this is a service that the setting is not obliged to undertake. Medicines should be in their original packaging.  
I understand that I must notify the setting of any changes in writing

Signature:		Date:	/ /
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**ASP Agreement**

Adur Special Needs Project agree to Administer the medication

Signature:		Date:	/ /
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# WHAT'S ON AT ASP

## WEEKEND PLAYScheme

*Bouncy Castle-Go Karts-Cookery-Art & Crafts-Indoor Games-Outdoor & Sports Activities-Dance/Music/Drama Workshops-Video/DVD-Fully equipped Sensory Room*

**Venue:** Glebelands Day Centre, Middle Road, Shoreham-by-Sea, West Sussex  
**Date/Time:** Every 2<sup>nd</sup> and 4<sup>th</sup> weekend of each month, excepting August, 9.30am-3.00pm  
**Transport:** The bus service is available for those living in the Adur District  
**Cost:** £22.50 per session and £1.00 for transport per session. If you are booking for more than one young person please phone the office for details  
**Payment:** By cheque or postal order, **made payable to ASP**, in advance with your monthly booking form  
**Age Range:** 5-23 years

## SUMMER PLAYScheme

*Bouncy Castle-Go Karts-Cookery-Art & Crafts-Indoor Games-Outdoor & Sports Activities-Dance/Music/Drama Workshops-Video/DVD - Fully equipped Sensory Room-visiting entertainment*

**Venue:** Sompting Community Centre, Loose Lane, Sompting, West Sussex  
**Date/Time:** 15 days during the summer holidays, 9.30am-3.00pm  
**Transport:** The bus service is available for those living in the Adur District  
**Cost:** £17.50 per session and £1.00 for transport per session. If you are booking for more than one young person please phone the office for details  
**Payment:** By cheque or postal order, **made payable to ASP**, in advance with your booking form  
**Age Range:** 5-23 years

## ASP INTERACTIVE YOUTH CLUB

*Indoor Games-Outdoor Games & Sports Activities-Art & Crafts-Cookery-Fully equipped Sensory Room-Dance/Music/Drama Workshops-Trampoline Sessions*

**Venue:** Lancing Youth Centre, Penhill Road, Lancing, West Sussex  
**Date/Time:** Every Tuesday evening during term time, 6.30pm-8.30pm  
**Cost:** £1.50 per session  
**Payment:** Payable on the evening, operating on a drop-in basis  
**Age Range:** 5-23 years

## ASP 18+ CLUB

*Club nights for social activities-Cinema & Theatre-Bowling-Snooker & Pool-BBQ's during the summer months Sports Activities-many other activities chosen by the members themselves*

**Venue:** Glebelands Day Centre, Middle Road, Shoreham-by-Sea, West Sussex  
**Date/Time:** Every Wednesday evening from 6.30pm until late  
**Transport:** The bus service is available for outings at no cost  
**Cost:** £5.00 subscription per session  
**Payment:** Payable on the evening, book in advance by phone  
**Age Range:** 18 years and over

# ATTENDANCE FORM

Please tick the appropriate boxes so we can make sure we have your young person's details at the right venues.

Weekend Playscheme

Weekend Playscheme only

ASP Interactive Youth Club

ASP Interactive Youth Club only

Summer Scheme

Summer Scheme only

ASP 18+ Club

ASP 18+ Club only

*Name of member .....*

## **VISITING US AT ASP**

Parents/carers are welcome to visit the playscheme before booking.

Please arrange your visit by phoning the office on 01273 441866.

Visiting times are 10.00am-11.30am and 1.00pm-2.00pm, Saturday or Sunday.

You will need to phone 07904-461691 to gain entry at the playscheme as the site is secured during opening times.

## **AT YOUR FIRST SESSION**

### ***PLEASE BRING***

- **A packed lunch** clearly labelled with your young person's name
- **Nappies and spare clothes** (if required) clearly labelled with your young person's name
- **Drinks** are provided throughout the day but if you would prefer to bring your own please bring bottles/cartons clearly labelled with your young person's name
  - **Medication** (if required) clearly labelled with your young person's name

### ***PLEASE AVOID BRINGING***

- **Any personal equipment/mobile phones/toys** belonging to your young person – unfortunately we cannot accept responsibility for any personal equipment/toys damaged or lost during the session although we do understand that it may be necessary for your young person to bring an item with them for comfort.
  - **Sweets**

### ***IF YOU NEED TO CONTACT US***

**THE OFFICE IS OPEN MON.-FRI. 9.30AM – 1.30PM 01273 441866**

**IF YOU NEED TO CONTACT US AT ANY OTHER TIME, DURING A WEEKEND SESSION OR YOU WISH TO LET US KNOW THAT YOUR YOUNG PERSON IS UNABLE TO ATTEND 07525 900787**