

**WATERSIDE THEATRE**  
**PHYSICAL AND SENSORY DISABILITY**  
**Music Therapy and Drama Workshops**

The Waterside Theatre is running arts based classes for young people with disabilities which will commence on Saturday 26<sup>th</sup> September 2015 from 10.30am to 12.00pm. All classes will take place in the Gateway Studio at the Waterside Theatre and will run for 8 weeks. The classes will involve drama, art and music. There is no charge for your child to attend these classes.

**Confidential**

General Details:

Child's Name:.....

Age:..... D.O.B:.....

Address:.....

.....

.....

Contact Name & Telephone Number:.....

Relationship to Child:.....

Mobile No:.....

Additional Contact No. (in the event of an emergency)

Name:.....

Relationship to Child:.....

Tel No: Work..... Mobile:..... Home: .....

It is essential that parents/carers are contactable at all times during activities.

G.P Name:.....

Practice:.....

Telephone Number: .....

Medical Card No:.....

Please give brief details of your child's disability.

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

Does your child have any sight and hearing problems? Yes  No

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

Does your child have any specific health problems? Yes  No   
If yes, please give details.

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

Is your child on medication? Yes  No

If answered YES to the above question please give further details (ie, name of medication, dose, amount, side effects, etc)

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

2) Does your child have epilepsy? Yes  No

.....

.....  
.....  
If answered YES to the above question please complete the following questions:

a) What warning signs are there for the seizure?

.....  
.....

b) What type of seizure does your son/daughter usually have? Please give full details.

.....  
.....

c) What is the normal length of seizure?

.....  
.....

Does your child have any allergies? (E.G Elastoplasts, nuts, suntan lotion or animal hair)

Yes  No

If yes please give details

.....  
.....

Does your child have asthma? Yes  No

If yes give details including medication and triggers

.....  
.....

Does your child have any special dietary needs?

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

Does your child require assistance with personal care? Please give as much detail as possible. (E.G, what can your child do independently, what do they require help with).

Assistance with Toileting?

.....

Dressing/Undressing?

.....

.....

**Mobility**

Please tell us how your child gets around (e.g, does/he walk with or without help; does s/he use an aid eg, a wheelchair or a rollator; does s/he have any road sense when out and about?

.....

.....

.....

**Transferring of Children**

Is your child able to transfer independently or do they need specialist equipment e.g, hoist/banana board?

.....

.....

If your child uses a wheelchair is it? Manual  Electric

Consent Form

- I give permission for my child to attend the arts based classes at the Waterside Theatre.
- I give permission to allow my son/daughter to use transport that will be organised by the Western Trust, if necessary.
- I give permission for photographs or recordings of my child to be taken by organisers of the summer scheme.
- I consent to any emergency medical treatment required. In the case of emergency leaders will do everything possible to contact the parents so that they can make the appropriate medical decisions for their child. In extreme circumstances where medical treatment is required without delay and it has been impossible to contact those named on the health form, I authorise the certified first aider and/or the leader in charge to give consent for any medical treatment on my/our behalf.
- I give permission for my child to be given assistance with toileting if this is required

Yes                       No

Signature:.....

Date:.....

**PLEASE HELP US BY RETURNING THIS FORM AS SOON AS POSSIBLE  
TO:**

Amanda-Jane Prow  
Waterside Theatre  
Glendermott Road  
Londonderry  
02871314000  
aj@watersidetheatre.com

OR    Your Social Worker.

**Identified Risk following Assessment**

<b>Type of Risk</b>	<b>Level of Risk Low/Med/High</b>	<b>Action Control Measures</b>	<b>Date</b>
Physical e.g Mobility, Personal Care)			
Medical e.g - Seizures - Shunt - Epilepsy			
Behavioural/Emotional			
Sensory			
Awareness of Personal Safety			
Other			