



# Individual Care Plan

## Essential Information

Name  Date of birth  Male/Female

Nationality  Ethnicity  Religion

Diagnosis/nature of disability

Home address   
 Postcode

Key workers name  Key work contact

Do you or your family have any social services involvement? If yes, please provide details

## Parent's / Guardian details

1. Name <input type="text"/>	2. Name <input type="text"/>
Relationship <input type="text"/>	Relationship <input type="text"/>
Address <input type="text"/>	Address <input type="text"/>
<input type="text"/> Postcode	<input type="text"/> Postcode
Email <input type="text"/>	Email <input type="text"/>
Place of work <input type="text"/>	Place of work <input type="text"/>
Tel (Home) <input type="text"/>	Tel (Home) <input type="text"/>
Tel (Mobile) <input type="text"/>	Tel (Mobile) <input type="text"/>
Tel (Work) <input type="text"/>	Tel (Work) <input type="text"/>

Significant people in life are

## Contact details in case of emergencies (other than parents/guardians)

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Name	<input type="text"/>	Name	<input type="text"/>
Relationship to you	<input type="text"/>	Relationship to you	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
	Postcode		Postcode
Telephone	<input type="text"/>	Telephone	<input type="text"/>
Mobile	<input type="text"/>	Mobile	<input type="text"/>

## Health and medication

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Do you take any regular medication?

Will you need to take any regular medication whilst in YMCA East Surrey's care?

Does you have any emergency medication (e.g. Midazolam, Epipen)?

*A medication form must be completed before staff at YMCA East Surrey can administer any medication to your child*

Doctor's details (please include name, address and telephone number)

Name	<input type="text"/>	Address	<input type="text"/>
Telephone	<input type="text"/>		Postcode

Do any of the following apply to you?

Epilepsy	<input type="checkbox"/>	Mobility aids	<input type="checkbox"/>
Gastrostomy/nasogastric tube	<input type="checkbox"/>	Allergies	<input type="checkbox"/>
Colostomy/Ileostomy bag	<input type="checkbox"/>	Other .....	
Urology bag/catheter	<input type="checkbox"/>	Please provide more information on any boxes checked	
Shunt	<input type="checkbox"/>	.....	
Hearing impairment	<input type="checkbox"/>	.....	
Visual impairment	<input type="checkbox"/>	.....	

## Personal care

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Do you use nappies/pads? Yes  No

Please tell us about your toileting needs and what support is required

## Please tell us how you communicate?

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Communicate by

Show happiness by

Show sadness by

Show feeling unwell by

Show anxiety by

Show frustration/anger by

## Food and drink

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I do not like to eat

I must not eat (please state why ie: allergies, cultural/religious requirements or special diet?)

I will tell you when I have had enough by

I can feed myself Yes  No  If no, what support is required?

## Activities

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I enjoy the following activities

The following activities may make me anxious or upset

Staff can support me by



## Consent and permissions

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**Parent/ Guardian:** I give consent for photographs or video footage of the name individual to be used in YMCA East Surrey publicity materials (including website, social media, project flyers and other publicity materials).

Yes  No

This form is used to collect information about your young person who attends the youth club named above and will be used by YMCA East Surrey staff. We may share information in this form with third parties for event registration purposes. The data you provide to us is securely stored and will be kept for three years for any queries that arise before being securely destroyed. For further details please visit our privacy notice on our website.

By signing below, I, the legal guardian of the above, give my consent for them to attend the youth club listed above. I am happy for YMCA East Surrey to administer basic first aid to the name individual on this form and to act on their behalf in case of an emergency. I understand that while staff will take all reasonable care for the young people, they cannot be held responsible for any loss, damage or injury arising during or out of the named activity. All necessary safety equipment will be provided and a Health & Safety risk assessment will be carried out.

I understand that cancellation later than a 48hr period prior to the activity will result in being charged for the full activity cost.

Parent / Guardian Name

Signed  Date

**Young Person:** I agree to abide by the following rules when participating in a YMCA youth activity: Respect the building and equipment, respect staff and respect each other

Failure to abide by these rules may result in you be asked to leave the activity

Young Person  Date



### FOR STAFF USE ONLY

Category:

Behaviour plan required: YES/NO

Risk assessment required: YES/NO

Date for document review:

Does a Personal Emergency Evacuation Plan need to be completed? YES/NO