

CONFIDENTIAL- LIBERTY CHILD GUEST BOOKING FORM 2009

Liberty Child *Special holidays for special kids*

Guest Booking Form 2009

Please print clearly & answer all questions.

Send the completed form and any extra sheets to: Guest Booking, Liberty Child, c/o Vitalise Bookings, Shap Road Industrial Estate, Shap Road, Kendal, Cumbria, LA9 6NZ. Tel: 0845 345 1970, Fax: 01539 735 567, Email: bookings: bookings@vitalise.org.uk or for general information: info@vitalise.org.uk.

All Guest bookings are made through Vitalise; please do not contact Liberty Child directly- all enquiries must be made through Vitalise.

Your completed booking form needs to be sent as soon as possible and by no later than 1 June 2009, as the number of places is limited.

1 Personal Details:

Full Name of Child & any name by which he/she is usually known					
Name of parent/guardian/carer					
Address, inc postcode					
Telephone- fixed & mobile- please give all codes					
Email address					
Child's Date of Birth					
Child's Nationality					
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>				
Has the Child previously been on a Liberty Child or Winged Fellowship Trust holiday- if so, when and where?					
Please tick the week applicable. Week 1- Vitalise Churchtown, Cornwall: 1 st – 8 th August 2009 Week 2- Dukes Barn, Derbyshire: 15 th – 22 nd August 2009	<table border="1"><tr><td><input type="checkbox"/></td><td>WK 1</td></tr><tr><td><input type="checkbox"/></td><td>WK2</td></tr></table>	<input type="checkbox"/>	WK 1	<input type="checkbox"/>	WK2
<input type="checkbox"/>	WK 1				
<input type="checkbox"/>	WK2				
Name of School attended by the Child					
Is it the Child's first time away from home?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Where did you hear about Liberty Child?					
Please give a number where we can reach you during the holiday in case of an emergency					
Next of kin Full name Relationship to Child Address Postcode Tel Mobile					

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We will require 4 recent colour photos of the Child, 2 full face and 2 full figure, to be provided with this form.	
When did the Child last have a 1 week break without you or the family?	
When did you last have a 1 week holiday with the Child and the family?	

2 PERSONAL AND MEDICAL INFORMATION REGARDING THE CHILD

The information provided in the application will be kept confidential and not disclosed except as required to enable us to care for the Child and provide the holiday.

We will require the Child's General Practitioner to give a medical certificate that the Child is fit to go on the holiday; this must be provided by 30 June 2009 in the form attached.

You must complete the Detailed Care Plan as part of the application, so that our carers have an idea of the usual routine that the child follows. If the Child is going to need any specialized personal or medical care or medication whilst on the holiday, you **must** attach an **additional** Care Plan produced by your doctor or nurse and the Child must bring a Medical Pack of all necessary medication. **WE CANNOT ACCEPT A BOOKING WITHOUT THE CARE PLAN.**

The Care Plan should include a MARS (Medication Administration Record Sheet) provided by the pharmacy for the holiday. Please note that medication can only be dispensed at the Liberty Child holiday if it is in the Medical Pack and in the original, un-tampered packaging with correct typewritten or printed labelling. This must include the Child's name, the substance, the strength/dosage and frequency of medication. This must correspond with dose and administration times in the Care Plan and medical certificate, and sufficient stocks must be provided to cover the period of the holiday.

In addition, if the Child may take any non-prescription medication (creams, Calpol, paracetamol etc, high factor sun cream for children), please include these on the Care Plan and include adequate supplies with the Medical Pack.

DETAILED CARE PLAN:

So that we can understand the care necessary and provide the same level of care in a familiar way, please provide a detailed Care Plan **ON A SEPARATE SHEET** giving as much detail as possible of every stage of your child's daily routine, covering at least the following items:

Morning: usual time waking and getting up, help needed with toilet, bathing/washing, dressing & clothes, medication etc

Meals: food likes/dislikes/ allergies

Breakfast: help needed, drinks, medication required and how taken etc

Lunch: food likes/dislikes, will eat sandwiches, drinks, help needed, medication required and how taken

Dinner: food likes/dislikes, drinks, help needed, medication required and how taken etc

During the day: energy levels, activities, naps, exercises, breaks out of a chair etc

Bed: usual bed time and routine for getting to sleep, help needed undressing & toileting, favourite toys in bed, bed sides etc, light in room, alarm, likely to wake in the night, night checks needed & number, help needed in turning etc.

Mobility: does the Child have a Chair or other aid?

PLEASE WRITE THE DETAILED CARE PLAN ON A SEPARATE SHEET

DETAILED CARE PLAN
ATTACHED: Yes

A booking cannot be accepted without a separate Detailed Care Plan

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<p>PLEASE IDENTIFY THE NATURE OF THE CHILD'S DISABILITY/DIAGNOSIS:</p>	
<p>Does the Child suffer from any of the following? If you have ticked any of the boxes in this section, details <u>must</u> be included in the Care Plan produced by your nurse and the medication included in the Medical Pack. In the Care Plan, please describe the type and method of administration and specify whether the Child has been prescribed rectal valium.</p>	<p>Epilepsy Yes <input type="checkbox"/> No <input type="checkbox"/> Diabetes Yes <input type="checkbox"/> No <input type="checkbox"/> Asthma Yes <input type="checkbox"/> No <input type="checkbox"/> Allergies Yes <input type="checkbox"/> No <input type="checkbox"/> (nuts, plasters, antibiotics, hay fever, eggs, additives etc)</p>
<p>Does the Child need the services of a nurse for any of the items to the right? Please tick which:</p> <p>If you have ticked any of the boxes, please provide full details and ensure any relevant medication is included in the Care Plan and supplied with the Medical Pack. These invasive procedures must normally be performed by a nurse and we will have to decide how we can best deliver them, if the Child comes on the holiday. Please indicate whether they are currently provided by a nurse or another carer.</p>	<p>Catheter care <input type="checkbox"/> Renewal of dressing <input type="checkbox"/> Bowel care <input type="checkbox"/> Stoma care <input type="checkbox"/> Peg feed <input type="checkbox"/> Pressure sores <input type="checkbox"/> Oxygen therapy <input type="checkbox"/> Administering medication <input type="checkbox"/> Injections <input type="checkbox"/> Blood tests <input type="checkbox"/> (excluding self-tests and self administration of insulin for diabetes)</p>
<p>Does the Child have problem(s) with any of the items to the right? Tick those where the answer is Yes</p> <p>If you have ticked any of the boxes, please provide details.</p>	<p>Heart condition <input type="checkbox"/> Chest complaint <input type="checkbox"/> Infectious disease <input type="checkbox"/> Hearing <input type="checkbox"/> Sight <input type="checkbox"/> Speech <input type="checkbox"/> Brittle bones <input type="checkbox"/> Other <input type="checkbox"/></p>
<p>Does the Child have problems with:</p> <p>If you have ticked any of the boxes, please provide details</p> <p><u>WE DO NOT TAKE CHILDREN WITH CHALLENGING BEHAVIOUR AND WE WILL HAVE TO CONSIDER SENDING HOME ANY CHILD THAT DEVELOPS CHALLENGING BEHAVIOUR THAT POSES A RISK TO THE SAFETY OF GUESTS OR VOLUNTEERS</u></p>	<p>Mental health difficulties <input type="checkbox"/> Emotional disturbance <input type="checkbox"/> Confusion/Vagueness <input type="checkbox"/> Challenging behaviour <input type="checkbox"/></p>
<p>Is the Child continent? If No, please give details. Please note that you <u>must ensure</u> the Child brings sufficient continence aids & supplies from home- there are <u>none</u> supplied by Liberty Child.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Does the Child require a special diet?</p> <p>If YES, please provide <u>FULL</u> details <u>ON A SEPARATE SHEET</u></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

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<p>Apart from as identified on the Care Plan, does the Child need support in the following areas:</p> <p>Please describe the type of support required for each you have ticked and confirm in the Care Plan that this personal care may be provided for the Child by our Volunteers on the holiday.</p>	<p>Meals <input type="checkbox"/></p> <p>Washing <input type="checkbox"/></p> <p>Dressing <input type="checkbox"/></p> <p>Toileting <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>
<p>Mobility</p> <p>Does the Child use a hoist or sling? Is the Child able to stand?</p> <p>Does the Child use a wheelchair?</p> <p>Does the Child use a power-chair/scooter?</p> <p>Does the Child use a walking aid?</p> <p>Does the Child swim? Is the Child confident in the water?</p> <p><i>Also note that you must ensure that all charging equipment for any electric chair is packed for the holiday.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> With support <input type="checkbox"/> No <input type="checkbox"/></p> <p>No <input type="checkbox"/> Sometimes <input type="checkbox"/> Always <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Model/type Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: center;">PLEASE ENSURE ANY EQUIPMENT IS MARKED INDELIBLY WITH THE CHILD'S NAME & ADDRESS</p>
<p>Night Care</p> <p>Does the Child require night checks? Does the Child require turning during the night?</p> <p>The Child will also need:</p> <p>Children must bring any equipment they may need. PLEASE ENSURE COMPONENT OF ANY EQUIPMENT IS MARKED INDELIBLY WITH THE CHILD'S NAME & ADDRESS</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how often? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how often?</p> <p>Bed sides <input type="checkbox"/></p> <p>Monkey pole <input type="checkbox"/></p> <p>Pressure mattress <input type="checkbox"/></p>
<p>How much does the Child weigh?</p> <p>What is the Child's height in metres</p>	<p>Up to 25kg (- 4 st) <input type="checkbox"/></p> <p>25 – 50 kg (4 st – 8 st) <input type="checkbox"/></p> <p>Over 50kg (8 st +) <input type="checkbox"/></p> <p style="text-align: right;">metres</p>
<p>We require the Child's General Practitioner to give a medical certificate in the form attached stating that the Child is fit to go on the holiday. Please give details of the Child's doctor who will provide the Certificate by 30 June 2009.</p> <p>Full Name Address</p> <p>Postcode Tel Fax</p>	

3 Voluntary Contribution

The holiday is free; Liberty Child will pay for the holiday. However, any contributions from parents/carers would be welcome and we also ask parents to work with their social worker and other supporting organisations to see if they can make a contribution. The larger the contribution, the more children we can take on holiday.

<p>What contribution do you want to make, if any?</p>	<p>£</p>
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4 What is included and NOT included:

The holiday **includes** all meals and accommodation for the Child during the one week holiday applicable to the Child]. Also included are all admission fees, entry costs, local travel, and entertainment during the holiday. **NOT included:** medication and supplies of personal care items (e.g. pads, special feeds or other supplies) required by the Child and pocket/spending money for the Child during the holiday.

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5 What to bring:

Everything one would need for an active holiday in the country and by the sea, including swimwear, beach towel, high-factor sun cream for children, hat, trainers, beach shoes and shorts. However, the weather can be unpredictable, so a waterproof coat and at least one warm jumper or fleece and pyjamas for the nights. **ALL PERSONAL EFFECTS AND CLOTHES SHOULD BE CLEARLY AND INDELIBLY MARKED WITH THE CHILD'S NAME. Liberty Child will not be responsible for any items lost not so marked. If you give the Child pocket/spending money, please place this in a sealed envelope marked with the child's name and the amount provided.**

6 Holiday Travel

Churchtown: Liberty Child will arrange transport from Southampton, which will leave at 10.00 on 1 August and return by 18.00 on 8 August. Full details will be provided once the booking has been accepted.

Dukes Barn: Liberty Child will arrange transport from Southampton, which will leave at 10.00 on 15 August and return by 18.00 on 22 August. Full details will be provided once the booking has been accepted.

7 Holiday Activities

Please indicate which of the following activities would be of interest to the Child during the holiday:

Sailing/boating		Swimming		Cinema	
Crafts		Funfair		Farm Visit	
Shopping		Picnics		Singing	
Beach Trips		Theatre/concerts		Evening Entertainments	

We cannot guarantee that all will be offered, but we will seek to provide a full and varied range of activities during the holiday.

8 Provision of Care and Support Services

Liberty Child is a charity and all of the care and other services received by Children on the Holiday are provided by Liberty Child Volunteers. These Volunteers usually experienced in working with children and/or those with disabilities. They are managed by Liberty Child and trained in procedures relating to Personal Care, Protection from Abuse, Health & Safety and are subject to a Code of Conduct designed to protect the Children and allow everyone to enjoy the holiday. Any invasive procedures will have to be undertaken by a nurse or by a carer authorised by the child's parents/carer to undertake such procedures.

9 Insurance

Liberty Child takes its responsibilities seriously and has policies of insurance in place to cover public liability should anything happen to the children or the public during the holiday, accident cover for the Directors & volunteers and Trustee Indemnity Insurance, to cover legal liabilities of the Directors. If you wish to inspect a copy of any policy, please let us know. Although the Liberty Child holiday is provided free, if we have to cancel the holiday for any reason, this may mean that parents or carers have to cancel any holiday plans they have made for the same period. We strongly recommend that if parents or carers book a holiday for the same week, you ensure that you have adequate insurance against cancellation in the event that Liberty Child cancels its holiday for your child. We also suggest that all guests take out travel insurance which gives protection against the majority of incidents that can spoil or affect a holiday. Vitalise has, in partnership with Crispin Speers & Partners Limited and P J Hayman Company Limited, arranged a travel insurance scheme for guests. For more information on this policy, or to purchase cover, please call 0845 230 0631 or write to: P J Hayman Company Limited, Stansted House, Rowlands Castle, Hampshire PO9 6DX

10 Contract with Liberty Child

To make a booking, you must complete all of the Guest Booking Form, sign it and return it with the Care Plan and the photographs.

Incomplete booking forms will be returned. We will require a medical certificate to be issued by the Child's GP, to be provided by 30 June 2009 at the latest.

Your contract with us will come into existence when our Confirmation Letter is issued, which will be sent after we have processed the Guest Booking form, indicating that we have accepted your Child for the holiday.

PLEASE NOTE – LIBERTY CHILD RESERVES THE RIGHT TO REFUSE ANY BOOKING.

11 Cancellation by You

If, for unforeseen reasons, you need to cancel your Child's holiday, you must send written notification from the person who signed the booking form to Guest Booking, Liberty Child, c/o Vitalise Bookings, Shap Road Industrial Estate, Shap Road, Kendal, Cumbria, LA9 6NZ. The date of cancellation will be the date of receipt of written notification to cancel.

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12 Changes Made by Liberty Child

Whilst we make every effort to maintain your booking as agreed, amendments will sometimes be necessary. We reserve the right to make changes to the holiday; where a major change is necessary (e.g. a change of venue or dates), you will be advised in writing immediately and you will have a choice of the following options:

- Accepting the altered holiday arrangements; or
- Cancelling the holiday arrangements with us.

13 Cancellation by Liberty Child

We reserve the right in any circumstances to cancel the holiday at any time. If we are unable to provide the booked holiday, you will receive a refund of any monies you may have paid.

14 Complaints

If you have a complaint, please take it up with a Director of Liberty Child in writing within 7 days of the complaint arising. If you are not satisfied with the response, please write to the Company Secretary of Liberty Child at the registered office address at the foot of this form within 7 days of the receipt of the unsatisfactory response.

15 Contract Law

The contract is subject to English law and the jurisdiction of the courts of England.

16 Data Protection Act 1998:

We will store your details in a secure database so that we can inform you of appropriate news, volunteering opportunities and other information that could be of benefit to Liberty Child. Please indicate whether we may contact you in this way using the information:

Yes, contact me No, do not contact me **If you want your details to be removed from our database, please contact us at the address below.**

DECLARATION & CONTRACT

The information I have given on this form, and on any separate sheets, is correct to the best of my knowledge and belief. I have read and understood the information and terms contained in this Guest Booking Form and I AGREE to be bound by the terms of the contract between Liberty Child and me.

I CONSENT TO [insert name of the Child] going on the Liberty Child holiday and participating in those activities that are arranged and considered suitable or which the Child agrees to undertake.

I ALSO CONSENT TO the provision of personal care to the Child by Liberty Child volunteers.

I FURTHER CONSENT TO the authorised representatives of Liberty Child taking still or video photography of my child to be used only for the purposes of promoting the activities of Liberty Child and in fundraising material and activities.

Signed:..... Date:.....

Name:..... (Parent/Guardian/Carer- if not parent, provide details of authority to sign)

Have you included:	Tick: Y/N	Have you arranged for	Tick: Y/N
Detailed Daily Care Plan		Medical Pack?	
4 recent colour photos (2 full face, 2 full figure) of the Child		Medical/specialised Care Plan + MARS?	
		Doctors Certificate by 30 June 2009?	

If you have any questions, please call Vitalise on: 0845 345 1970 or send an email to bookings@vitalise.org.uk.

Send the completed and signed form by 1 June 2009 at the latest to:

Guest Booking, Liberty Child,
c/o Vitalise Bookings,
Shap Road Industrial Estate,
Shap Road,
Kendal,
Cumbria, LA9 6NZ.

Tel: 0845 345 1970, Fax: 01539 735 567,

Email: bookings: bookings@vitalise.org.uk or for general information: info@vitalise.org.uk

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CONFIDENTIAL MEDICAL CERTIFICATE

The parent/guardian must complete Section 1 and ask the Doctor to complete Section 2. Please then return the form to Liberty Child (Guest), Vitalise Bookings, Shap Road Industrial Estate, Shap Road, Kendal, Cumbria, LA9 6NZ.

SECTION 1

I hereby authorise the disclosure of essential medical information for (Child's name) to ensure their proper care whilst on holiday.

Signed: _____ (Parent/ Guardian signature) Date:

SECTION 2

Liberty Child provides holidays for children with disabilities. The NHS and Social Services authorities require us to have up to date relevant medical information in the form of medical certificates for all the children using our services. Complete information concerning their health, treatment and diet is essential to ensure the provision of appropriate, high quality care and support during their holiday. We therefore seek your co-operation in completing this form.

We request that the child's medication (if applicable) is prescribed in the form of a blister pack for the duration of the holiday, (8 days including days of travel) to provide safe administration for the nursing staff.

Medical Diagnosis:

Current Medication:

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CONFIDENTIAL MEDICAL CERTIFICATE

Please answer the questions below. If any reply is Yes, please give details.

<i>Does the Child Have:</i>	<i>Yes/No</i>
Any Allergies	Yes/No
Epilepsy	Yes/No
Diabetes	Yes/No
Continence Management	Yes/No
Special Diet	Yes/No
Any Other Medical Conditions e.g. H.I.V/Hepatitis	Yes/No

Currently _____ (Child's Name) is medically fit to enjoy a Liberty Child Holiday.

Doctors Name:

Address/ Stamp:

Signature: _____

Date: