



Sunspport 09

YOUNG PERSON'S INFORMATION SHEET

This form **MUST** be completed by the young person's parent or person with parental responsibility.

Name of young person..... D.O.B.....

Address.....
..... Postcode.....

Home Tel No..... Mobile No.....

Emergency contact: Name.....

Emergency contact phone numbers.....

Ethnicity.....

Religion.....

Languages spoken/understood.....

School.....

G.P.....

Hospital Consultant.....

Family details:

Father:.....

Mother.....

Significant Others.....
.....

Nature of disability or condition:.....
.....

Full details of any medication (name, type, dosage, how administered, when):
.....
.....

Details of any allergies, phobias, etc.....

Any special precautions, etc.....

Details of any emergency procedures.....

Please give detailed information on how.....functions and the level of assistance or supervision.....needs in each of these areas:

Communication (including understanding).....

Mobility and physical ability (include any equipment.....uses:

Self care (generally).....

Eating/drinking.....

Using the toilet.....

Dressing/changing.....

Washing/grooming.....

RISK ASSESSMENT:

Travelling (include cars, public transport, crowds, noise, waiting, seating, etc):

Moving and handling (include any equipment used):.....

General awareness of danger.....

Road sense.....

Behaviour towards others.....
.....
.....

Behaviour towards environment.....
.....
.....

Behaviour towards self.....
.....
.....

Please list any known “triggers” for behaviour.....
.....

How do you usually manage these behaviours.....
.....
.....

What situations to avoid, if possible.....
.....
.....

Likes.....
.....
.....

Dislikes.....
.....
.....

Preferred activities.....
.....

Completed by..... Date.....