





Hello, my name is

and this is my Short Breaks Passport.

This passport will enable you to care for my needs. It is to be used by your organisation only and not to be given by yourselves to any other organisation. I and my family may choose to share my passport with other organisations, but that will be solely for their use and again not to be shared.

You can update my passport for your organisation and you may choose to share this information with me and my family which could be useful in updating my passport.

If any support is needed completing this form please contact the Aiming High team on 020 8583 3636.

The things I like best are:

The things I like least are:

My best friends are:

My favourite foods are:

I love to:

Section 1: Information sheet

Information about me and my family

The care plan passport is designed to help parents/carers tell short break providers about their child's needs. The provider may need to ask you more questions to ensure they have all the information they need to look after your child the way you would want them to. If you need any help completing the care plan or have any questions about it please phone Aiming High on 020 8583 3636.

Completed by: Date:

Family name:

First name: Middle name:

Previous names:

Nickname:

Date of birth: NHS number:

Cultural Origin:

Religion:

Parent/Carer names:

Those with parental responsibility:

Disability/diagnosis:

Languages spoken at home:

Communication method used by child/young person:

Address:

 Postcode:

Phone no: Mobile no:

Siblings:

Pre school/school/college & contact (delete as applicable)

Pre school/school/college address:

Doctor: Phone no:

Address:

Social Worker: Phone no:

Department:

Other services accessed: (Contact and phone number)

Respite:

Home care:

CAMHS:

GOSH:

Pediatrician:

Other:

Section 2-9: This section explains about my needs. I will include any goals or aims I am working towards and what routines are important to me e.g. I might want encouragement to use some Makaton symbols rather than pointing for what I want. You might think some of this information could go under a different heading, but I and my family have used what we feel is right for us.

Section 2: Introduction

Please let me explain about my needs, this will include my disability and things I like and dislike.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Section 3: Communication

This is how I like to communicate, it will include any communication systems e.g. Makaton etc and if I need time to be heard or understood.

A large, light beige rounded rectangular area containing 20 horizontal dotted lines for writing.

Section 4: Activities

This will tell you about the activities I like to do... as well as the ones I don't like doing or should be avoided.

A large, light beige rounded rectangular area containing 20 horizontal dotted lines for writing.

Section 5: Behaviour

I may display some unwanted behaviour, here I explain what triggers this behaviour, if this is indicative of other needs e.g. when upset or hungry and some 'tips' on how to manage this behaviour.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Section 6: Personal care needs

This will tell you about what help and support I need with personal care e.g. going to the toilet or washing and dressing.

A large, light beige rounded rectangular area containing 20 horizontal dotted lines for writing.

Section 7: Food and feeding

This will tell you about my favourite foods and what food I don't like but more importantly food I **can not** have due to allergies etc.

A large, light beige rounded rectangular area containing 20 horizontal dotted lines for writing.

Section 8: Mobility

This will tell you if I need any help moving, use a wheelchair or have difficulties balancing. I will also inform you of any special equipment I might need to bring with me.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Section 9: Health and Medication

This section is all about health needs. If your child has additional health needs the provider should talk to you about how they will meet these. Please explain any health needs your child has, this may include epilepsy, specialist feeding, medication, etc.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

It is important that if your child is on medication that you record it here, even if the short break will not be required to administer it.

The template will help you think about any medication and the first one is an example.

Daily medication needs

Medication, including strength	Dosage	Administration times	Usage	Administration technique
Sodium Valporate 10mg/10ml	10ml	AM	Epilepsy	Syringe

My child's medication:

1.				
2.				
3.				

4.				
5.				

Yes I, the undersigned, give permission for the short break provider to administer medication as detailed above, should this prove necessary during the time of the short break and only after initial instruction from the parent/carer.

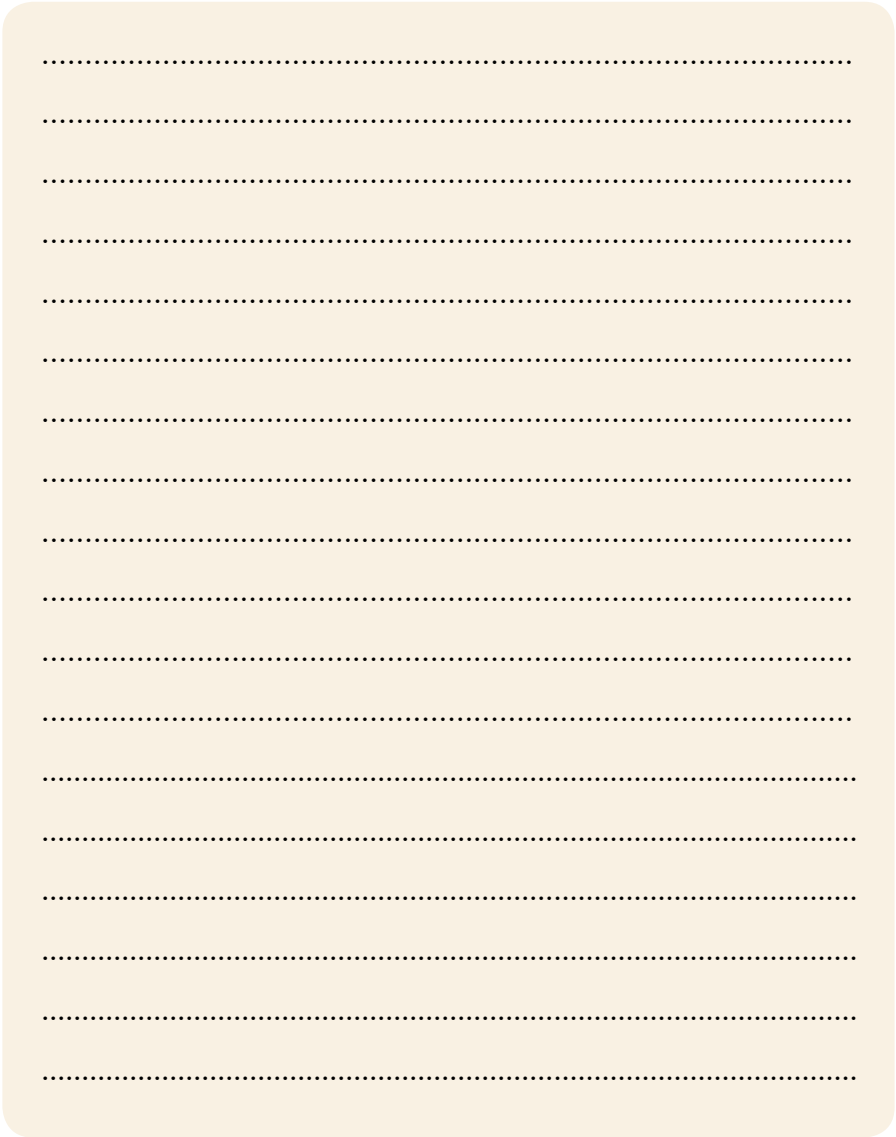
No

Name:

Signed:

Section 10: What else?

Anything we have forgotten or did not feel fitted into the headings above, but we feel would help you in understanding my needs will be in this section.



A large, light beige rounded rectangular area containing 20 horizontal dotted lines for writing.

Passport written by:

Signed:

Parent/carer:

Signed:

Young person:

Signed:

Date:

Name of service:

Contact Name:

Date service begins

Date service ends:

Contact Number:

Frequency of service:

Care plan agreed by:

Name:

Signed:

Date:

Parent/carer consent and permissions

Data

Yes I, the undersigned, give consent for the information contained within the Passport to be copied by the short break provider with the understanding that information provided will only be used to safeguard and promote the welfare of my child during the short break and will be treated under the strictest of confidentiality terms.

No

Photos

Yes I, the undersigned, hereby grant permission to the short break provider to use/copy photographs contained within this Passport and those taken during the short break activity for promotional and publicity purposes.

No

Off-site activities

Yes I, the undersigned, as parent or carer do hereby give my permission for my child to participate in activities off-site with the short break provider including travel to and from these activities. In connection with these activities, it is understood that my child will be under the supervision of an adult and may travel in a vehicle driven by an adult supervisor. This is based on the understanding that the off-site activity has been risk assessed and appropriate staffing.

No

Emergency Healthcare

Yes I, the undersigned, as parent/carer consent to the short breaks provider organising emergency healthcare for my child should he/she suffer serious injury or exhibit symptoms of illness while participating in one of these activities and agree that this document be shared with the health services, if necessary.

No

Name:

Signed:



London Borough
of Hounslow

NHS
Hounslow