

**MY**

**PASSPORT**

**Name:.................................**

**D.O.B.................................**

Stick a picture of

yourself here

**About Me 1**

**My name is .................................. My date of birth is ...............**

**I live at ............................................................................**

**......................................................................................**

**My home telephone number is ....................................................**

**My parent/carers names are......................................................**

**I have ......brothers and ........... sisters called .............................**

**......................................................................................**

**The language I speak at home is ................................................**

**My religion is .....................................................................**

**What you need to know about my religious/cultural beliefs ...................**

**......................................................................................**

**I prefer support fom a male/female worker ...................................**

**I cannot take part in the following activities because of my religion**

**.....................................................................................**

**I cannot eat the following foods due to my religion...........................**

**.....................................................................................**

**My parent/carer needs to sign here:**

**Signature ....................................... date...........................**

**Signature ....................................... date ..........................**

**Signature ....................................... date ..........................**

**About Me 2**

**My name is ......................................... I am ........... years old**

**My date of birth is ..................... My Ethnic Origin is .................**

**My impairement is ...............................................................**

**(Sensory/Physical/Learning)**

**I need Rectal Valium/Diazepam in an emergency YES/NO (please circle)**

**I need oral Epistatus Midazolam in an emergency YES/NO (please circle)**

**I am a wheelchair user YES/NO (please circle)**

**I use a Gastrostomy for my food and/or medication YES/NO (please circle)**

**I am currently taking medication YES/NO (please circle) If yes please**

**state: ..............................................................................**

**......................................................................................**

**ALLERGIES**

**I have allergic reactions to:**

**Food ................................................................................**

**Medicine ...........................................................................**

**Other ..............................................................................**

**My parent/carer needs to sign here**

**Signature...................................... Date ..............................**

**Signature ..................................... Date ..............................**

**Signature ..................................... Date ..............................**

**Professionals Details**

**My name is ................................... My date of birth is...............**

**Doctors Details**

**Name: ...............................Address .....................................**

**............................................ Tel No .................................**

**Hospital**

**Name: ...............................Address .....................................**

**............................................ Tel No .................................**

**Social Worker**

**Name: ...............................Address .....................................**

**............................................ Tel No .................................**

**School**

**Name: ...............................Address .....................................**

**............................................ Tel No .................................**

**My parent/carer needs to sign here**

**Signature...................................... Date ..............................**

**Signature ..................................... Date ..............................**

**Signature ..................................... Date ..............................**

**Keeping me safe while out and about**

**My name is ................................... My date of birth is...............**

**This form DOES/DOES NOT apply to me (please circle)**

**When I go out and I go to run near something dangerous you must:**

**Call my name and shout stop YES/NO**

**If ‘NO’ and ‘STOP’ are not appropriate please state alternative words:**

**.................................................................................**

**If I hit out at others it is best to stop me by:**

**............................................................................................................................................................................**

**If I am hitting or hurting myself it is best to stop me by:**

**............................................................................................................................................................................**

**Once I am safe you should (e.g. walk me away somewhere quiet)**

**............................................................................................................................................................................**

**Other things you can do to keep me safe (if any form of restraint is permitted please specify)**

**......................................................................................**

**......................................................................................**

**I am happy for you to follow the above instructions YES/NO (please circle)**

**My parent/carer needs to sign here**

**Signature...................................... Date ..............................**

**Signature ..................................... Date ..............................**

**Signature ..................................... Date ..............................**

**Communication**

**My name is ................................... My date of birth is...............**

**I have problems in communicating YES/NO (please circle)**

**My problems are as follows: ............................................................................................................................................................................**

**You need to understand the following words/sounds that I use ..............**

**......................................................................................**

**I use the following method of communication: Sign language/Makaton/other (please specify)....................................................................**

**I have problems with my vision/hearing YES/NO (please circle)**

**Details: ............................................................................**

**Pain**

**The following can cause me pain. (I suffer from headaches, backache, muscle or joint pain, stomach ache, reflux etc)........................................................................................................................................................................**

**The way that you know that I am in pain is ......................................................................................**

**The best way to help me is (cuddle/medication/change position etc) .....................................................................................**

**I am happy for you to follow the above instructions YES/NO (please circle)**

**My parent/carer needs to sign here**

**Signature...................................... Date ..............................**

**Signature ..................................... Date ..............................**

**Signature ..................................... Date ..............................**

**Behaviour**

**My name is ................................... My date of birth is...............**

**My Behaviour is generally .........................................................**

**......................................................................................**

**You will know when I am angry, agitated/aggressive or upset because**

**......................................................................................**

**......................................................................................**

**The following things can trigger this behaviour e.g word, object, place**

**......................................................................................**

**......................................................................................**

**When I am upset or angry, you can keep me safe by .........................**

**......................................................................................**

**I follow a behaviour plan at home or school. YES/NO (please circle)**

**A copy of this is attached.**

**I would like you to contact my parent/carer if there are any changes in my behaviour. YES/NO (please circle)**

**My parent/carer needs to sign here**

**Signature...................................... Date ..............................**

**Signature ..................................... Date ..............................**

**Signature ..................................... Date ..............................**

**Diet**

**My name is ................................... My date of birth is...............**

**I have the following food allergies................................................**

**......................................................................................**

**I AM/AM NOT on a special diet. (please circle) if yes, details below**

**......................................................................................**

**Food consistency...................................................................**

**Feeding utensils used .............................................................**

**For drinking I use a cup/cup with lid (please circle)**

**I need help when eating. YES/NO (please circle) If yes please specify**

**.....................................................................................**

**Food likes Food dislikes**

**..................................... .....................................**

**..................................... .....................................**

**Drink likes Drink dislikes**

**..................................... .....................................**

**..................................... .....................................**

**My parent/carer needs to sign here**

**Signature...................................... Date ..............................**

**Signature ..................................... Date ..............................**

**Signature ..................................... Date ..............................**

**Activities and Play**

**My name is ................................... My date of birth is...............**

**I enjoy arts and crafts YES/NO (if yes specify favourites)**

**......................................................................................**

**I enjoy cooking YES/NO (if yes specify what you like cooking best)**

**......................................................................................**

**My favourite type of music is ....................................................**

**......................................................................................**

**My favourite TV programmes are ................................................**

**......................................................................................**

**My favourite DVD’s/videos are ..................................................**

**.....................................................................................**

**I like computers/playstation/xbox etc YES/NO**

**My favourite game is.............................................................**

**I enjoy the following sports and games.........................................**

**....................................................................................**

**I cannot do the following activities ...........................................**

**...................................................................................**

**My parent/carer needs to sign here**

**Signature...................................... Date ..............................**

**Signature ..................................... Date ..............................**

**Signature ..................................... Date ..............................**

**Swimming**

**My name is ................................... My date of birth is...............**

**I like swimming YES/NO. I AM/AM NOT confident in the pool YES/NO**

**I CAN/CANNOT swim (please circle) if yes how far? .........................**

**I use the following swimming aids when in the pool..................................................................................**

**I will need you to bring these aids whenever we go swimming.**

**I DO/DO NOT need assistance when getting changed before or after swimming (please circle). The things you may need to help me with are...................................................................................**

**You may need to take the following action to keep me safe in or around the swimming pool.......................................................................**

**......................................................................................**

**Bouncy Castle**

**Due to the nature of this activity I AM/AM NOT (please circle) able to participate without causing injury unless the following safeguards are put in place.................................................................................**

**Trampoline**

**Due to the nature of this activity I AM/AM NOT (please circle) able to participate without causing injury unless the following safeguards are put in place.................................................................................**

**My parent/carer needs to sign here**

**Signature...................................... Date ..............................**

**Signature ..................................... Date ..............................**

**Signature ..................................... Date ..............................**

**Personal Care**

**My name is ................................... My date of birth is...............**

**I let someone know I need to go to the toilet by ..............................**

**......................................................................................**

**I require the following help ......................................................**

**......................................................................................**

**I use the following adaption/aids ................................................**

**......................................................................................**

**My normal bowel/urine frequency is .............................................**

**......................................................................................**

**I DO/DO NOT follow a toileting programme as follows ........................**

**......................................................................................**

**You will need to keep a bowel chart YES/NO**

**I wear nappies/pads during the day YES/NO**

**.....................................................................................**

**I require laxatives/suppositories/enemas YES/NO**

**....................................................................................**

**These need to be given after ............. days.**

**My parent/carer needs to sign here**

**Signature...................................... Date ..............................**

**Signature ..................................... Date ..............................**

**Signature ..................................... Date ..............................**

**Consent 1**

**Name of child/young person .................................................**

**Date of Birth ..........................**

**FIRST AID/EMERGENCY**

**I consent to ...................................................... administering first aid to my son/daughter/dependent if necessary and also to authorise emergency medical treatment in my absence. YES/NO (please circle)**

**If no, please state why .........................................................**

**In Case of Emergency when you are unable to contact me/us, you may contact the following**

**Name: .................................... Relationship to child.................**

**Emergency tel no at home ....................... at work .....................**

**HOIST**

**(Where appropriate) I give permission for .....................................**

**to use a hoist to assist in moving my son/daughter/dependent.**

**PHOTOGRAPHS**

**I DO/DO NOT give permission for photos of my son/daughter to be taken or used unless prior agreement obtained.**

**Parent/carer needs to sign here**

**Signature...................................... Date ..............................**

**Signature ..................................... Date ..............................**

**Signature ..................................... Date ..............................**

**Consent 2**

**Name of child/young person .................................................**

**Date of Birth ..........................**

**RESTRAINTS**

**It is sometimes necessary to use restraints on young people for their own safety. These can include bed guards, wrist restraints, harnesses, seat belts.**

**I DO/DO NOT give my consent for these restraints to be used on my son/daugher if needed.**

**Occasionally it is necessary to use a physical restraint to safeguard my child. I DO/DO NOT give permission for physical restraints to e used when necessary (as specified below)**

**..................................................................................................................................................................................................................................................................**

**Parent/carer needs to sign here**

**Signature...................................... Date ..............................**

**Signature ..................................... Date ..............................**

**Signature ..................................... Date ..............................**

**Any Other Information**

**Name of child/young person .................................................**

**Date of Birth ..........................**

**Please write here any other relevant information not contained elsewhere within this care plan.**

**......................................................................................**

**......................................................................................**

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**......................................................................................**

**Parent/carer needs to sign here**

**Signature...................................... Date ..............................**

**Signature ..................................... Date ..............................**

**Signature ..................................... Date ..............................**

**RISK ASSESSMENT – HOME**

|  |  |  |  |
| --- | --- | --- | --- |
| **HAZARD** | **RISK** | **CONTROL MEASURES** | **TIMESCALE** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**This assessment has been completed to the best of my knowledge**

**Signed ...................................... Date ................................**

**Review date: ....................................................**

**Note: This risk assessment is to be retained for three years.**

**RISK ASSESSMENT – OUT OF HOME**

|  |  |  |  |
| --- | --- | --- | --- |
| **HAZARD** | **RISK** | **CONTROL MEASURES** | **TIMESCALE** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**This assessment has been completed to the best of my knowledge**

**Signed ...................................... Date ................................**

**Review date: ....................................................**

**Note: This risk assessment is to be retained for three years.**