**Hydrotherapy Booking Form**

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| **Child Details** |
| **Name** |  |
| **DOB** |  | **Gender** |  |
| **Address** |  |
| **How do you think your child could benefit from Hydrotherapy?** |
|  |
| **What is the one key thing you would like your child to achieve by the end of their Hydrotherapy course?** |
|  |
| **What is your child working on during their on-land physiotherapy?** |
|  |

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| **Parent / Carer Details** |
| **Name** |  |
| **Mobile Number** |  |
| **Email Address** |  |
| **Emergency contact and number:** |  |
| We ask parents/carers to support their child in the water. However, there are a few reasons why you may not be able to (see below). Please contact us if you are unsure and have any questions. Please let us know below so if needed we are able to source volunteers to ensure numbers remain at safe levels.I am able and willing to be in the water with my child: |
| Yes | No |
| Little Hiccups Hydrotherapy Sessions have been funded by Children In Need. Consequently, we may need to take photos/video to show how the funding has been used.We would be grateful if you would give us permission to take photos of your child and use these in our printed and online publicity.I give permission for Little Hiccups to take photographs and / or video of my child.I grant Little Hiccups full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the group’s aims. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.You have the right to opt out at any time. I am happy for photos and video of my child to be taken: |
| Yes | No |
|  |  |
| **Please let us know if you or your child have any of the following medical conditions or problems:** | **Child** | **Parent / Carer** |
| **Will be unable to enter the pool** |
| Acute vomiting or diarrhoea |  |  |
| Medical instability following an acute episode such as stroke, DVT, BP problems |  |  |
| Chlorine/Bromine allergy |  |  |
| Resting angina  |  |  |
| Shortness of breath at rest |  |  |
| Uncontrolled heart failure |  |  |
| Weight in excess of evacuation equipment limit (21 stone/127kg) |  |  |
| **Hydrotherapy may be considered after a risk analysis** |
| Acute systemic illness |  |  |
| Irradiated skin during course of radiotherapy |  |  |
| Known aneurysm |  |  |
| Open infected wounds |  |  |
| Poorly controlled epilepsy |  |  |
| Unstable diabetes |  |  |
| **Precautions** |
| Fear of water |  |  |
| Behavioural problems |  |  |
| Bowel and bladder disorders or incontinence of urine or faeces |  |  |
| Epilepsy |  |  |
| Haemophilia |  |  |
| Widespread MRSA |  |  |
| Hypotension |  |  |
| Renal Failure |  |  |
| Poor skin integrity |  |  |
| Pregnancy (if water temperature less than 35 degrees) |  |  |
| Contact lenses or conjunctivitis |  |  |
| Hearing aids |  |  |
| Impaired sensation/vision/hearing |  |  |
| Invasive tubes in situ |  |  |
| Dizziness or blackouts |  |  |
| Spinal cord or neck problems |  |  |
| Kidney disease |  |  |
| Blood pressure problems |  |  |
| Osteoporosis |  |  |
| Recent fractured bones |  |  |
| Recent surgery |  |  |
| Other medical problems |  |  |
| **If yes to any of the above, please give details below:** |
|  |
| **Please give details of any medication you or your child are currently taking:** |
|  |
| **Will your child need any of the following:**  |
| Hoist (please bring your own slings if you can) |  |
| Disabled Changing table |  |
| Help with walking |  |

I certify that the above information is correct, and I agree to promptly communicate any future changes to the above prior to use of the Hydrotherapy pool.

I give my consent for my son / daughter to participate in the pool / hydrotherapy sessions.

I also confirm that to the best of my knowledge (unforeseen circumstances aside) I will be able to attend all six sessions.

*Please keep in mind that all children must be supervised by their parent/carer at all times*

|  |  |
| --- | --- |
| **Parent/Carer Name:** |  |
| **Signature:** |  |
| **Date:** |  |

All information and photos will be stored according to the Data Protection Act 1998 and the GDPR Act 2018. Information collected will be used for Little Hiccups purposes only. We will not share your information with any other companies or organisations other than for the purposes of these Hydrotherapy sessions. Any information/photos shared with the Grant Providers will be with your permission.

Please contact us if you have any questions about our privacy notice or information, we hold about you. You can contact us by email at info@littlehiccups.co.uk

You can see the full privacy notice on our website at http://www.littlehiccups.co.uk/privacy.htm

**To be completed by Physio at PT Kids running the sessions:**

I have read the Booking Form and agree that this child is able to take part in the Little Hiccups Hydrotherapy sessions.

|  |  |
| --- | --- |
| **Physio Name:** |  |
| **Signature:** |  |
| **Date** |  |