



# HEALTHCARE PROFESSIONAL FORM

This form must be completed by the child's Nurse Specialist or Consultant.

Forms completed by parents will not be accepted.

## **PLEASE READ THIS GUIDANCE BEFORE COMPLETING THE FORM:**

Please refer to our camper criteria below and confirm at the bottom of the page that the child meets the criteria

### **ESSENTIAL CRITERIA FOR CAMPERS**

We invite applications from children ages 8 to 17 years, living in the the UK, who are currently receiving treatment, or experiencing the challenges of a serious health challenge.

To ensure the child is able to benefit fully from our camp programme, they must :

- Have the physical ability to participate in an action-packed activity programme with a range of high and low energy activities
- Have the social and emotional ability to participate in a group setting and team activities with children of their own age
- Be able to communicate their needs independently
- Be able to transfer from floor to chair and bed to chair independently if they use a wheelchair

### **Unfortunately, we are unable to accept campers who:**

- Have learning, behavioural or social communication needs that would prevent them from participating in age appropriate group activities.
- Are more than 2-3 years off treatment, if they do not have any ongoing health challenges
- Need overnight care/intervention/monitoring, or health care needs that require constant one to one support
- Have Cystic Fibrosis or Primary Ciliary Dyskinesia (due to the risk of cross-infection and infection to immunocompromised campers)
- Are on a ketogenic diet

If you have any questions or concerns regarding the applicant or process please contact us on 02392 477110 or info@otw.org.uk. This form can be returned by email or post, please see last page for details.

### **Please tick the box to show that you confirm that the child meets the criteria**

I CONFIRM THE THE CHILD MEETS THE CAMPER CRITERIA AS OUTLINED ABOVE

### **Young Persons/Camper Details's**

First Name

Last Name

Address

City

County

Post Code

Birth Date

Gender

Male

Female

**Medical History**

Primary  
Diagnosis

Other current  
problems

Oncology - Likely stage of treatment at the time of camp, or date treatment completed

If the young person has had multiple acute admissions, please provide relevant information about their management in hospital

## **Current Health Assessment**

### Communication

Please give details of any cognitive impairment, behavioral issues or sensory impairment  
Please note: we are unable to accept children with recognised behavioural issues

If the child has any cognitive impairment or additional learning needs please tell us about the impact of these needs, what age they currently function at and how they interact with peers of a similar age

Please note that our programmes are designed to facilitate peer interaction, therefore children would be in a team with other children of their own chronological age and our activities are designed to meet age appropriate needs therefore it is important for us to know if a child might have difficulties with this.

## Respiratory

Please give details of any respiratory problems and intervention (inhalers, nebulisers, oxygen, NIV)

If the child has Asthma, please advise how an exacerbation should be managed:

## Diet & Hydration

Please give details of dietary requirements, fluid restrictions/targets or details of enteral feeding, including times and rates of feeds.

Personal care and continence

Please give details of any continence issues and assistance required with personal care, Include details of any continence stoma or catheterisation (please indicate if they can self catheterise)

Mobility

Please give details of any mobility problems and any aids required

Is a wheelchair needed? If yes, how often?

Please note: if the child uses a wheelchair, they must be able to transfer independently

Can the child climb stairs      Yes      No

Clinical Care Needs

Does the child have a central venous access device?

If yes, are they allowed to swim?

Yes      No

Yes      No

Type

Central Line      Portacath  
PICC Line

Other forms of treatment: E.g dressings

Current Medications

Please list::

Generic Name	Dose	Frequency	Route
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Allergies

Please state ANY known allergies, including to food/latex etc:

Allergy to	Nature of reaction	Treatment
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### Generic Medication

Can this child have any of the following: (please tick ones that are allowed)

Paracetamol          Ibuprofen          Piriton

### Specific Care Plans & Emergency Medications

Please give details here of any plans or protocols that are specific to the child, for example -

- Sick Day Rules
- Emergency Plans & Medications (including doses and when to use)
- Management of Hypo & Hyper Glycaemia
- Analgesia Plans

In the event of a life threatening event, is this child for full resuscitation?

Yes          No

If the child has a 'Do not attempt CPR' order, please give contact details of the lead Clinician:

Please provide details of who should be contacted for medical advice should the child become unwell at camp:

Please provide an 'out of hours' number:



Are there any safeguarding issues in relation to this child: If yes, please specify:

Activities Release

The following activities may be available at camp:

- Arts & Crafts
- Drama
- Wall Climbing
- Kayaking
- Disco
- Sports & Games
- Swimming
- Archery
- Music
- Zip Wire
- Abseiling
- Fencing
- Laser Clay Shooting
- Fishing
- Camp Fire

I confirm that the child is medically fit to participate in all above activities

I confirm the child is medically fit to participate in the above activities except the restrictions listed below

Please list activities here:

Immune Status

Chickenpox

- Immune on blood testing
- Non immune on testing
- Had infection
- Unknown

Measles

- Immune on blood testing
- Non immune on testing
- Had infection
- Unknown

Declaration (by person completing form)

'To the best of my knowledge, this information is correct at the present time and there is no medical reason why this person cannot attend a week's residential camp'

Yes      No

Position & Title

First Name

Last Name

Hospital/Department

Address

City

County

Post code

Phone number

E-mail

Young persons Consultant if not you:

Date

If any of the circumstances change, please contact us on 02392 477110 or [info@otw.org.uk](mailto:info@otw.org.uk)

Additional information :

By post -

Please return this form to -

Over The Wall  
Langstone Technology Park  
Langstone Road  
Havant  
Hampshire  
PO9 1SA

By email -

[info@otw.org.uk](mailto:info@otw.org.uk)

Over The Wall, charity number 1075361 & SCO43191