**Scout & Guide NSW & ACT Additional Support Needs Information Request**

**Name: Age: Group:**

It is important to organisers of camps and events that we have as much information about any additional support needs of participants. This is to make sure everyone has a safe and happy experience.

All information will be treated with confidentiality and privacy will be protected. Only the following people will be allowed access to information:

* LIC – Leader in Charge of the camp or event
* First Aid Officer if relevant
* Leaders who have direct responsibility for the youth member who has additional support needs

**Please indicate in the following table if any additional support needs are present**

|  |  |  |  |
| --- | --- | --- | --- |
| Allergies & intolerances / anaphylaxis likelihood |  | Physical disability / impairment |  |
| Epilepsy |  | Vision impairment |  |
| Asthma |  | Hearing impairment |  |
| Diabetes |  | Intellectual disability |  |
| Autism Spectrum Disorder |  | Anxiety / phobias / fears / Strong likes / dislikes/homesickness |  |
| Mental health issues |  | Tendency to wander away or self-isolate |  |
| ADHD or Behaviour issues |  | Travel sickness |  |
| Sleeping issues including sleepwalking |  | Assistance required for personal care / daily living tasks |  |
| Bedwetting |  | Any other need that may require additional support |  |

**Please provide in writing the details of the additional support need. Attach additional information if space below inadequate.**

|  |  |
| --- | --- |
| **Description**  Please provide a brief description of the additional support need |  |
| **Strategies**   * How does the issue affect the participant? * What are the known triggers or things that happen before there is a problem? * What strategies do you use at home to prevent problems occurring? * What strategies do you use at home if a problem occurs? |  |
| **Action plans**  Provide action plans for allergies, anaphylaxis, asthma, epilepsy, diabetes or any other medical emergency, dietary issues  Action plans can be attached on a separate sheet if necessary |  |
| **Medication & Special Equipment**  List any medication and special instructions for administering eg must be taken with food. Outline any side effects (if present)  Describe equipment & instructions for use |  |
| **Other information**  Outline any other information that we may need to make the camp or event experience as enjoyable as possible |  |