

BIRKETT HOUSE RESIDENCE – ADMITTANCE FORM

DATE.....

NAME	DATE OF BIRTH
ADDRESS	TELEPHONE
	MOBILE
<p>We are now able to accept admittance forms by email. Providing the admittance form is sent from the email address that you supply us with, then we will accept it as confirmation of medications.</p> <p>Our email address is: bhresidence@birketthouse.leics.sch.uk</p> <p>Your email address:</p>	
<p>EMERGENCY CONTACT (These contacts must be people who will collect and care for your child in an emergency should you not be available)</p> <p>1. 2.</p>	
<p>GP DETAILS:</p> <p>Name:</p> <p>Address:</p> <p>Telephone number:</p>	
<p>RESIDENCE CONTRIBUTION/POCKET MONEY</p> <p>Residence contribution sent: £..... Pocket Money sent: £.....</p> <p>If your child has excess pocket money left at the end of a stay please indicate whether you would like it returned home or donated to residential funds (we purchase items for the residence with this such as videos, music, toys and so on which benefit all the children).</p> <p>Excess money returned home No Excess money donated Yes</p>	
<p>ALLERGIES</p> <p>Has your child any allergies (e.g., hay fever, nuts, strawberries)?</p> <p>If yes please state</p>	
<p>BRUISES</p> <p>Has your child any cuts, scratches, bruises or marks that you are aware of? Please describe and state location on body.</p>	

Has your child been given any medication this morning, other than their normal prescribed medication, that we should be aware of? (For example have they had any paracetamol or an antibiotic that may require a repeat dose later in the day?) If so, please record the type of medication given and the time it was administered below:
 (This is to ensure we do not administer medication too close to the previous dose)

Creams/Lotions/Eye drops

If your child requires any creams/lotions/eye drops (prescribed or not) then please give details below.
 Also please write on the cream/lotion/eye drops the date it was opened by you (this is essential information as many creams/lotions/eye drops have a very short shelf life once opened and we need to ensure that products administered in residence are within their recommended shelf life).
 Please note this includes creams such as Sudocrem.

During summer months you should send sun protection for your child. This must be included here

NAME OF CREAM/ LOTION/ EYE DROPS	STRENGTH AND DOSE	TIME	TIME	TIME	TIME
	Dose	Dose	Dose	Dose	Dose
	Dose	Dose	Dose	Dose	Dose
	Dose	Dose	Dose	Dose	Dose

IS YOUR CHILD GASTROSTOMY FED? YES / No

IF SO PLEASE GIVE DETAILS BELOW

Please state whether feed or water (include name of feed)	TIME	TIME	TIME	TIME
	Quantity and rate	Quantity and rate	Quantity and rate	Quantity and rate
	Quantity and rate	Quantity and rate	Quantity and rate	Quantity and rate

Additional information/ Special requests:

Signature of parent / guardian(Person with legal responsibility for named child)

..... Date.