



# ARE YOU AIMING HIGH?

**GET YOUR AIMING HIGH ACTIVE CHOICES CARD TODAY**  
ANNUAL FEE APPLICABLE

MORE THAN



JUST A GYM

Visit [www.sefton.gov.uk](http://www.sefton.gov.uk)

active sefton

Sefton Council 



one membership, six locations.

/activ8fitness @activ8sesfton sesfton.gov.uk/activ8sesfton  
 LUDWELLAND SPORTS PARK | NETHERTON ACTIVITY CENTRE | MEADOWS

BOOTLE LEISURE CENTRE | BROOKLYN LAKESIDE ADVENTURE | DUNES SPLASH WORLD

ACTIVATE

For more information or to apply please contact the Aimimg High team

on 0151 288 6811 or email [Aliminghigh@sesfton.gov.uk](mailto:Aliminghigh@sesfton.gov.uk)

Fee for the Aimimg High Active Choices card is applicable, please ask for details.  
eligible for a Aimimg High Active Choices membership at all Sesfton's Leisure Centres (ages 16+). An annual

Those that meet the qualifying criteria, following a third-party referral, will also be

more information on what discounts are included please call 0151 934 2297

- Discouned activities within all 6 Sesfton Leisure Centres. If you would like  
Child with Care

- Free Swimming access for Child (over 8's do not need adult supervision), or  
Free Gym access for Child (from 11+), or Child with Care

What's included:

- Diagnosed disability.

Aiming High Active Choices is a discount card available for Sesfton residents  
that have a child/young person between the ages of 5 and 19 with a

What is Aimimg High Active Choices?

Sesfton Council Aimimg High Team offer a short break service and support  
to children and their families through social settings.

Sefton Council Aimimg High Team offer a short break service and support

What is Aimimg High?

Then did you know that your whole family have access to fun, fulfilling activities  
throughout Sesfton with the Aimimg High Active Choices card.

DO you have a disabled child or young person in your family?



OFFERING YOU THE  
CHOICES YOU DESERVE!



Aiming High Short Breaks Team 2021  
Netherton Activity Centre, Grovers Lane, Netherton, Liverpool. L30 3TL



This care plan is designed to help parents/carers tell us about their child's needs. If you need help to complete this form or require any additional forms (eg. Medication Authorisation, Seizure, etc), please contact the Aiming High Short Breaks Team on 0151 288 6811.

Hello, my name is

Gwendolyn Vianis MOORE

## Section 1: Essential information you need to know about me:

Date of birth:

22/08/14

Where I live (full address):

2 CORONATION DRIVE, CROSBY, LIVERPOOL L23 3BN

Main contact – Name, relationship, telephone number:

Mrs - 07931 540482 (Caron Vianis Moore) Tel - 07712553049 (Gwen Vianis Moore)

Emergency contact – Name, relationship, telephone number:

Kate Peacock - Ridley 07581 386 018

Diagnosis/medical condition:

Complex medical needs - Neurology Consultant Charlie Hulme-Hall.  
Respiratory, ENT, Orthopaedics, gastro, hearing and sight impaired,  
Global delay, Many diagnosis of Pott's syndrome, hydrocephalus, hydrocephalic, seizures,

Medication: (If yes, please complete and return Medication Authorisation form to the above address)

Yes       No

Seizures/Epilepsy: (If yes, please complete and return Seizure Information form to the above address)

Yes       No

Allergies: (If yes, please provide us with more detailed information within Section 5)

Yes       No

Personal care requirements: (If yes, please provide us with more detailed information within Section 6)

Yes       No

Equipment used regularly (eg communication aids, wheelchair, mobility aids, feeding equipment):

Wheelchair (no go), glasses, double-sided hearing aids.

## Section 2: Information about me and my family.

I like to be called:

Gwen

Religion/Cultural beliefs  
(optional)

Christian, Cymraeg yr Ynadod.

Parent/carers names:

Mum (Gwen) Nancy (Kathy)  
Dad (Adam)

Who has parental responsibility?

Mum & dad

Email address: This will enable us to keep you updated with our changing programme of activities.

Gwen.Vidmoe@gmail.com

Telephone no:

07931540482

Mobile no:

Other people who are important to me:

Isaac (big brother)

ST Ninians Col E primary

School/college:

School contact and telephone no:

0151 924 1204 (Mrs Nelly)

GP, address and telephone no:

Bundestads medical practice  
1 Warren Road, Liverpool L23 6TZ  
0151 924 6464

Other services accessed: [The team may contact you for further information, eg. names and telephone numbers]

- |  |   |   |  |
|--|---|---|--|
| <input checked="" type="checkbox"/> Paediatrician<br>Dr Davies | <input checked="" type="checkbox"/> Social Worker<br>Tina Leeks | <input type="checkbox"/> CAF                      | <input type="checkbox"/> Family Support Worker                                 |
| <input type="checkbox"/> ASD Link Nurse                        | <input type="checkbox"/> Parent Partnership                     | <input type="checkbox"/> CAMHS                    | <input checked="" type="checkbox"/> Respite<br>Cwive House<br>Ysbyty<br>Noydne |
| <input type="checkbox"/> Direct Payments                       | <input type="checkbox"/> Agency Support                         | <input checked="" type="checkbox"/> Sefton Carers | <input type="checkbox"/> Venus   |
| <input type="checkbox"/> Other _____                           |   |   |  |

If you have a person-centred plan, Education Health Care plan and/or a communication passport, please may we have a copy to supplement our information?

### Section 3: How I like to communicate

This explains how I prefer to communicate with others. It may include things like how people know when I'm happy/sad/in pain, etc.

How I like to communicate with others, eg. verbally, sign language, assistive technology, communication aids, etc.

Grace is learning to talk. She signs - she does sign along with us BSL but we talking. She can point to what she wants.

If I find it difficult to communicate verbally, I may use these behaviours to tell you what I want.

When I do this...	It means this...	Please do this
<b>Example</b> When I bite myself...	<b>Example</b> I am scared – things that scare me: very loud noises, spiders and dogs.	<b>Example</b> Warn me of any loud noises before they happen, if possible, eg. fire alarm. If on a trip, please look out for dogs and cross over, if necessary.
Pain or we I want	I am telling you so I have to pain.	try to understand.
make noise because I am trying to get the words out.	I am frustrated	be patient, let me tell you.
pick Sorets up.	.. ..	try to understand

## Section 4: Behaviour

When I am anxious, angry or upset, I may display challenging behaviours.

What may trigger this?	How I may react	How best to manage this
<b>Example</b> Not respecting my personal space – coming to close to me.	<b>Example</b> I may hit out.	<b>Example</b> Explain to others I don't like anyone touching me or reaching across me. Remind me that others don't always mean to upset me by getting too close.
I can tell <del>that</del> you are I want to because of limited space.	I may have a go quiet	be patient + try to understand how.

## Section 5: Food, feeding and allergies

This will tell you about my favourite food and dislikes, if I need support to eat and any allergies I may have.

My favourite foods:

Foods I don't like:

Avocados, nuts of any kind

Special feeding requirements:

food must be cut up.

Special dietary requirements eg. allergies (including action to be taken in the event of accidental exposure):

milk - all forms

Any other allergies (including action to be taken in the event of accidental exposure):

penicillin

Is an Epi-pen required?:  Yes  No      Do they have an inhaler?  Yes  No

If you have answered 'yes' to Epi-pen or inhaler, please ensure you complete a Medication Authorisation form.

## Section 6: My personal care

This will tell you what to do if I need help and support with my personal care, eg. going to the toilet or washing and dressing. If I don't, it will be left blank.

What can I do for myself?	What do I need help with?
I try to do things myself but need support with everything.	Need help with toileting, dressing, washing etc.  Need help with <u>all</u> self care

## Section 7: Mobility

This will tell you if I have any mobility issues, including any equipment I use to help me with this. If I don't, it will be left blank.

What can I do for myself?	What do I need help with?
I can walk very short distances but say more & means I fall.	Get around the area, <del>fall</del> can jump & am very very slow. Indeed & let me try to do it. If I say I want to walk let me.

## Section 8: Safety and any other concerns

This will tell you of any special measures that need to be taken to ensure my safety (eg. crossing roads, water activities) or to further support my needs (eg. managing change, special adaptations for visual/hearing impairments, etc.).

Area of concern	How best to support me
Crossy Roads	She has no understanding. Hold her hand & take her yourself
Water activities	is anxious, no such thing of danger etc.
Partial hearing	Can hear everything you say.
Dark & sightless.	Can bump into things etc.

## Section 9: Goals and challenges

This section explains what my family and I would like to gain from my accessing the Aiming High short break activities and/or holiday programmes.

### Goals and aims:

To make friends + provide routine

### Activities I enjoy doing:

swimming

### Activities I'd like to try:

swimming

### Activities I don't enjoy:

N/A

### Things I am good at:

hugs

### Things I find difficult:

understanding the personal space of others,

### Strategies that have helped me overcome challenges in the past:

N/A

## Section 10: Parent/carer permissions

### First Aid treatment

I, the undersigned as parent/carer,  agree /  disagree with my child receiving basic First Aid treatment by a certified first aider.

### Emergency healthcare

I, the undersigned as parent/carer,  agree /  disagree with the Aiming High Short Breaks Team organising emergency healthcare for my child should he/she suffer injury or exhibit symptoms of illness while participating in one of these activities and agree that this document may be shared with the health services, if this is necessary.

### Photos/Moving Images

I, the undersigned,  agree /  disagree to the Aiming High Short Breaks Team to take and use photographs/videos obtained during the short break activities for promotional and publicity purposes. (These will never be published alongside the child/young person's name).

### Sun cream

I, the undersigned, will send sun cream into sessions with my child, as appropriate to season and weather and clearly label it with my child's name.

Should I forget, I  agree /  disagree that sun cream can be applied to protect my child.

### Data

I, the undersigned  agree /  disagree for the information contained within this care plan to be copied by the Aiming High Short Breaks Team, with the understanding that information provided will only be used to safeguard and promote the welfare of my child during the short break and will be treated under the strictest of confidentiality terms.

### Care plan agreed by:

Parent/carer  
signature:

Child/YP  
signature:

Name:

Name:

Date:

Date:

## Section 11: Office Use Only

	Yes	No	Attached
Is a manual handling plan required?:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a behaviour risk assessment required?:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Additional forms required:</b>	Yes	No	Attached
Medication Authorisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizure form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="text"/>		<input type="checkbox"/>
Other	<input type="text"/>		<input type="checkbox"/>

### Aiming High Short Breaks Team - Comments

**AHT Signature:**

**Name:**

**Position:**

**Date:**



## Medication Authorisation Form

If you need help to complete this form, please contact the Aiming High Short Breaks Team on 0151 288 6811.

This section contains details of the medication my child takes, even if the Aiming High Short Breaks Team is not required to administer it.



Name of child:

Gwendolyn Ursula Moore

This template will help you think about any medication. The first one is an example.

### Daily Medication Needs

Medication, Including strength	Dosage	Administration times/emergency medication	Usage	Administration technique	Team to administer
Sodium Valporate 10mg/10ml	10 ml	8am/4pm	Epilepsy	Syringe	Yes

### My child's medication:

1. Gaviscon Advance OMERACTOL PRIMIDONE MOVICOL DAVIT	5ml	8am / 12pm / 4pm (6pm evenings)	REFLUX	SYRINGE ORAL	Yes
2. Omereotide	5ml	8am / 8pm	REFLUX	SYRINGE ORAL	No
3. Aztreonam	7.5ml	(3 times a week) Monday, Wednesday, Friday 8am (NO VG PR)	PROPHYLACTIC	SYRINGE ORAL	No
4. Movicol	1 Sachet	8 am	CONSTIPTION	IN MORNING DRINK	No
5. V. twins	0.6ml	8am	Supplement	IN MORNING DRINK	No

- ✓ I, the undersigned, as parent/carer, certify that the medication listed above has been prescribed by a GP or hospital doctor.
- ✓ I also provide permission for the Aiming High Short Breaks lead worker to administer medication as indicated above.
- ✓ I will inform the lead worker or Aiming High management immediately if the prescribed dosage of medication changes from what is listed above.

Signature:

Name:

Cora Jean Moore

Date:

30/11/20

**PLEASE NOTE:** If you have indicated that the Aiming High Short Breaks Team are to administer medication, this form needs to be confirmed and signed by a relevant member of the medical profession.

I, the undersigned confirm that the above medication is prescribed to the person named and correctly stated.

Signature:

Name: DR . A. FAITH  
Date: 29/12/2020

*GP Consultant/  
Specialist Nurse Stamp*

THE BLUNDELLSANDS SURGERY  
1 WARREN ROAD  
BLUNDELLSANDS, L23 6T2  
TEL: 0151 924 6464  
FAX: 0151 932 0663

Aiming High Short Breaks Team,  
Netherton Activity Centre, Gloves Lane,  
Netherton, Liverpool. L30 3TL

