

## Holiday Booking Form

Please complete this form in full and return it with your 25% deposit to Morley Care Services Limited, The Wesley Centre, Blyth Road, Maltby, Rotherham, S66 8JD. Cheques should be made payable to Morley Care Services Limited. You must read the terms and conditions before booking your holiday. Please contact us on 01709 811171 if you have any questions.

### 1 Choose your holiday(s)

Holiday .....

Start date .....

### 2 Holidaymaker details

Name .....

Date of birth .....

Address .....

.....

Post code .....

Phone number .....

Email .....

Emergency contact name .....

Emergency contact number .....

Doctor's Name .....

Surgery Address .....

.....

Surgery phone number .....

NHS Number .....

### 3 Details of person completing this form (if different from holidaymaker)

Full name .....

Address .....

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Contact number .....

Relationship to holidaymaker .....

All communication should be sent to the holidaymaker   
or the alternative contact  (please tick as appropriate)

### 4 Please provide a brief description of disabilities

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### 5 Personal care

Do you have any continence/bowl problems? Yes No

Do you require any assistance with bathing/showering? Yes No

*Please be aware that many hotels have showers incorporated within the bath*

Do you require help to select appropriate clothing? Yes No

Do you require support to get dressed? Yes No

Do you have any trouble sleeping? Yes No

Time of waking ..... Time of going to bed .....

If you have answered yes to any of these questions about personal care, please can you provide details (including any other information we need to know)

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### 6 Mobility

Do you need help to walk? Yes No

Do you use a walking aid? Yes No

Do you struggle to walk long distances? Yes No

Do you need help to climb stairs? Yes No

Do you need help to get in and out of/on and off transport of any kind? Yes No

Do you need help to get in and out of bed? Yes No

If you can swim, do you need help in the water? Yes No

If you have answered yes to any of these questions about mobility, please can you provide details (including any other information we need to know)

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**7 Other relevant information**

Please tell us about any special dietary needs:

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.....  
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Please tell us about any particular likes or dislikes:

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Do you smoke Yes No

Do you drink alcohol? Yes No

If you answered yes, how much alcohol can you safely consume per day? .....

**8 Medical information**

Do you suffer from any of the following:

Epilepsy? Yes No

Hypertension? Yes No

Diabetes? Yes No

Heart condition? Yes No

Respiratory conditions? Yes No

Allergies? Yes No

Asthma? Yes No

Dementia/Alzheimer? Yes No

If you answered yes to any of these conditions, how can we support you?

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Do you take regular or PRN (as and when required) medication? Yes No

*If you answered yes, please provide full details of all medications on the back page, even if taken PRN*

If you do take any form of medication, are you able to self-medicate? Yes No

*If you answered yes, our holiday staff assume that you are able to safely keep hold of your medication and administer it at the prescribed times. No further action is required but if you wish, you can provide details of your medication on the back page for information purposes only.*

***If you answered no, by signing the form you are consenting to holiday staff supporting you to administer your medication. You agree to supply it in a purpose made dispenser wallet (e.g. NOMAD) that is clearly labelled. You understand that staff will not be able to support you if your medication is supplied in any other format. You should seek advice from your pharmacist in this situation. Please note that staff can assist with prescribed medication but are not able to administer non-prescription drugs or give injections.***

Are you able to safely look after your own medication? Yes No

*If you answered yes, you will be expected to safely look after your own medication and holiday staff will support you to administer it.*

***If you answered no, by signing this form you consent to holiday staff looking after your medication on your behalf.***

Do you use a MAR chart when administering medication? Yes No

*If you answered yes, please provide a copy during your holiday for staff to complete and return.*

Can you take Paracetamol PRN (as and when required) whilst on holiday? Yes No

Can you take anti-diarrhoea medication PRN (as and when required) whilst on holiday? Yes No



### Medication Chart

Please provide clear and comprehensive details of **all** your medication, even if it is medication that you take PRN (as and when required)

	<b>Medication Name &amp; Strength</b>	<b>Tablet or Liquid</b>	<b>Dosage</b>	<b>Time of 1<sup>st</sup> Dose</b>	<b>Time of 2<sup>nd</sup> dose</b>	<b>Time of 3<sup>rd</sup> dose</b>	<b>Time of 4<sup>th</sup> dose</b>	<b>Reason for taking medicine</b>	<b>Any additional information</b>
A									
B									
C									
D									
E									
F									
G									
H									
I									
J									
K									
L									
M									

If you are not able to self-medicate and have consented to staff supporting you to administer and/or look after your medication, you agree to provide it in a purpose made dispenser wallet (e.g. NOMAD) along with a copy of your regular MAR chart. Staff will complete this when they have witnessed you taking your medication and will return it at the end of your holiday. Please advise us if you do not regularly use MAR charts in your setting.