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Charity Manager: Joanne Barnes BA (Hons)
Finance Manager: Malin Broughton
Directors: Carol Gradwell (Chair)
 Ian Harrison (Treasurer)
 Pam Ogden (Secretary)

7th October 2019

Dear Parent /Carer,

The Play Inclusion Project has once again received funding through Lancashire Break Time to deliver the Wyre Activity Club during the October Half term. The club is open to non-assessed children and young people aged 8-18 with an additional need or disability living in Lancashire.

If your child has a social care package in place, you can still request a place however they must attend with a direct payment worker. If you would like to use your direct payment hours to access the Activity Club, this can be arranged at £11.19 per hour. If your child is not in receipt of a social care package and requires 1:1 support this can be provided for £30 per session.

The dates, times and activities on offer are detailed below.

Date	Time	Activity	Drop Off / Pick Up	Session Cost
Monday 21 st October 2019	10:00am - 3:00pm	Trip day- Lancashire Girls and Boys Bush Craft Experience Packed lunch	Cleveleys Community Church & Centre Kensington Rd, Thornton-Cleveleys FY5 1ER	£15
Tuesday 22nd October 2019	10:00am - 3:00pm	In-house Games Challenge-bingo, quiz and prizes Packed lunch Walk about in the area- park and or beach	Cardinal Allen High School (Sports centre @ the rear of the school) Melbourne Ave, Fleetwood FY7 8AY	£15
Wednesday 23rd October 2019	10:00am - 3:00pm	In-house Theatre workshop with the Blackpool group- please bring a photo, toy or outfit for show and tell Packed lunch Halloween Party	Cardinal Allen High School (Sports centre @ the rear of the school) Melbourne Ave, Fleetwood FY7 8AY	£15

To request a place for your child please email hazel@playinclusionproject.org.uk or contact the office on 01253 899883 with your child's choice of sessions. Bookings will be taken from Monday 7th October until Friday 13th October 2019. Places will be allocated from Monday 16th October and you will be contacted with confirmation of the sessions your child has received.

Once sessions have been confirmed, you will then be required to send the enclosed medication form along with your payment by 18th October. Please note cheques are to be made payable to 'Play Inclusion Project'.

If you're able to pay via online banking or direct bank transfer, then that would be a better alternative, as we get charged for banking cash and cheques. It would also be better for the Activity Coordinators not to have to carry cash and cheques during the activity club week.

Please note sessions will not be secured until payment has been received.

If you would like any further information, please do not hesitate to contact me at hazel@playinclusionproject.org.uk or 01253 899883.

Yours Sincerely

E. Kirkham

Emma Kirkham
Wyre Activity Club Coordinator

MEDICATION FORM

1. If your child requires medication during their time with Play Inclusion Project a handover of medication form will be required to be completed daily.

2. All medication should be brought in the original packaging with the child's name and dosage on along with the name of the medication.

3. Two members of staff will sign to say that medication has been administered.

4. When correct procedures are followed, staff will not be responsible for any complications, as a result, of medication given.

5. If your child has a seizure the Activity Coordinator will follow procedures outlined in the Epilepsy Policy and/or the child's care plan. Copies of the policy are available on request.

6. In cases of emergency we need to know all daily medication your child requires, including medication taken at home.

Name of Child.....

Name of medication:	
Side effects:	
Time of Administration:	
Dosage:	
Condition taken for:	

Name of medication:	
Side effects:	
Time of Administration:	
Dosage:	
Condition taken for:	

Name of medication:	
Side effects:	

Time of Administration:	
Dosage:	
Condition taken for:	

Name of medication:	
Side effects:	
Time of Administration:	
Dosage:	
Condition taken for:	

Name of medication:	
Side effects:	
Time of Administration:	
Dosage:	
Condition taken for:	

By signing this form, you are giving your consent that in the case of no-one being authorised to administer medication you agree to us following the procedure set out in item no.7 and calling emergency services.

Signed..... Date.....

Print.....

Relationship to child.....