

YOUNG PERSON'S PROFILE – Information for PA

Young Person's Name	Preferred Name	D.O.B
Address		Landline Tel No: Home Email Address: YP Mobile No:
Emergency Contacts		
Parent/Carers Name Relationship		Mobile No:
Parent/Carers Name Relationship		Mobile No:
Parent/Carers Name Relationship		Mobile No:
GP Name and Address		Tel No:
Medical Information		
Please give details of any medication the young person or child is currently taking. Please detail any special instructions if medication is to be administered by your PA and sign the permission section below.		
<p>I give permission for medication to be administered to</p> <p>Name:</p> <p>Signature:</p> <p>Date:</p>		

Known Allergies:
Disability: Diagnosis or description of disability:
Communication Method:
Likes:
Dislikes/Phobias
Toileting/Personal Care :
Eating and Drinking:
Mobility:
Behaviour:

How do you usually manage these behaviours?

Emergency Plan:
Please detail what you would like to happen in an emergency.

Permissions

I give/ do not give permission for to take as a passenger in their car.

I give/do not give permission for pictures/videos to be taken.

Signed (Parent or person with parental responsibility)

Print Name

Date