INSERT Trust/service Logo

To whom it may concern

**Re: XXX**

**DOB: XX.XX.XX**

**Address**

**Diagnosis XXX**

The person is carrying this letter/care plan on the advice of the local specialist health services. The person is a parent/carer of XX who has (INSERT HEALTH CONDITION E.g. *autism, ADHD or learning disability)*. Because of their condition they need reasonable adjustments for (DELETE AS APPROPRIATE)

* **Exercise/outdoor activities**
* **Hygiene needs and products**
* **Food items**

(DELETE THESE EXPLANATIONS AS APPROPRIATE)

**Exercise/outdoor activities**

XX needs to be out of their home to take exercise, in line with the guidance available here:

 <https://www.gov.uk/government/publications/coronavirus-outbreak-faqs-what-you-can-and-cant-do/coronavirus-outbreak-faqs-what-you-can-and-cant-do#can-i-go-to-the-park>

*Can I exercise more than once a day if I need to due to a significant health condition?*

*You can leave your home for medical need. If you (or a person in your care) have a specific health condition that requires you to leave the home to maintain your health - including if that involves travel beyond your local area - then you can do so. This could, for example, include where individuals with learning disabilities or autism require specific exercise in an open space two or three times each day - ideally in line with a care plan agreed with a medical professional.*

*Even in such cases, in order to reduce the spread of infection and protect those exercising, travel outside of the home should be limited, as close to your local area as possible, and you should remain at least 2 metres apart from anyone who is not a member of your household or a carer at all time.*

**Hygiene needs and products**

XX has additional hygiene and care needs due to their disability including nappies/pull ups, hand wash, soaps and detergents.

We understand that in current situation due to COVID-19 stock levels may be unpredictable and purchase limits may be imposed. We would be grateful if these medical needs could be taken into account in their family’s purchases/requirements.

**Food items**

XX has a restrictive feeding pattern that is based on a combination of presentation, familiarity, taste, textures of food etc. If XX does not have access to his preferred foods, his/her nutritional intake may become inadequate. XX may become unwell and his/her behaviour is likely to become more challenging.

We understand that in the current situation due to COVID-19 stock levels may be unpredictable and purchase limits may be imposed. We would be grateful if these medical needs could be taken into account in their family’s purchases/requirements.

Thank you for your understanding and assisting with these reasonable adjustments.

Signed