



2015 Information Form

Please keep a copy of this form for your records

PARTICIPANT INFORMATION

Client Name:		
Client Address:		
City, St, Zip:		
Phone (daytime):		Other Phone:
DOB:	Age:	E-Mail:
Diagnosis:		School Attending:
Takes Medication at Program? Yes No (A medication release form is required)		T-Shirt Size:
Emergency Contact: <small>Within 20 miles</small>		Phone #:
		Relationship:

AUTHORIZED PICKUP

Name		
Address		
City		
Home Phone #		
Cell #		
E-mail		

I understand illegal drugs, tobacco products, alcohol products or any weapons or explosives are not allowed while at program. I also agree that my camper will not steal, harm, destroy other's property, engage in sexual activity, fight or cause physical harm, use bad language or show disrespect to other campers or camp staff. Participation in such activities or the threat of such activity can result in removal of camp privileges and/or removal from camp. Please initial _____

Permission Form

As parent/guardian, I fully recognize and understand there are certain injury risks associated with being in a camp environment and that there is a risk of being injured while participating in camp activities such as swimming, ice skating, boating, off camp excursions. I recognize the risks involved and give permission for the camper listed above to participate in all camp activities unless otherwise noted in writing or restricted by the campers physician on the medical release. In consideration of the privilege of camp attendance, it is expressly agreed that all use of services and facilities shall be undertaken at the participant's sole risk and that the RecPlex/Village of Pleasant Prairie shall not be held liable for any claims, demands, injuries, damages, or cause of action to any camper in conjunction with participation of camp. Further, the camp, camp staff, agents will not be held liable for loss of personal property of the camper. Please initial _____

IN CASE OF MEDICAL EMERGENCY, I understand that first aid will be available at camp and the camper will be closely supervised. If serious injury or illness develops, medical and/or hospital care will be given. I further understand that I will be notified in case of serious injury or illness; however if it is impossible to contact me, I give permission to the physician selected by the camp to hospitalize, secure proper treatment and to order injection, anesthesia or surgery for the camper named above. Initial _____

St. Catherine's Aurora Kenosha Campus Other

Photo Release: I do hereby consent and agree to allow the RecPlex to use my camper's image or likeness in photos, videos, or audio for educational or promotional purposes, including posting on the internet. I agree that the use herein is done so without compensation. Please initial _____

Field Trip: I authorize my camper to travel to and from program events via program transportation. Please initial _____

Parent/Guardian Signature _____ Date _____

HEALTH INFORMATION & BACKGROUND

Name: _____

Disability: _____

Check or list any condition a staff member should know about:

- | | | |
|------------------------------|----------------------------|-------------|
| Heart Condition _____ | Seizures _____ | Other _____ |
| Diabetic _____ | Eye Infections _____ | _____ |
| Allergic to bee stings _____ | Glasses/contacts _____ | _____ |
| Allergic to medication _____ | Headaches _____ | _____ |
| Allergic to latex _____ | Dietary restrictions _____ | _____ |
| Food Allergy _____ | Participation limits _____ | _____ |

MOBILITY	ACTIVITY LEVEL	TOILETING*
Ambulatory	Typical Attention span	Toilets independently
Uses Wheelchair	Needs transition assistance	Needs prompting/reminders
Wears braces	Runs/Wanders	Needs assistance/supervision
Needs assistance walking/stairs	Is easily distracted	Needs assistance with wiping
Needs assistance in pool	Needs to be active	Uses toilet schedule (please supply)
Needs assistance in bathroom	Needs frequent rests	Uses briefs (please supply 1 week at a time)

*We have both female and male staff. We typically have the same gender staff assist with toileting but if needed, an opposite gender staff may assist with toileting.

PERSONAL CARE	MEALS	COMMUNICATION
Can dress independently	Able eater	Communicates verbally
Needs some assistance	Needs some help/prompting	Uses communication aid
Needs complete assistance	Drinks with a straw	Uses sign language
Needs help with shoes/tying	Takes food from others	Needs 1-2 step directions
Needs help with shower/soap	Uses special utensils (please label)	Unable to communicate needs
Needs help with deodorant	Difficulty chewing/swallowing	Non-verbal but can make needs known

*If g-tube fed, a written feeding schedule including times and amounts.

ACTIVITIES		
Swimming	Sports (basketball, soccer, etc.)	Racquetball
Reading	Being read to	Ice Skating
Going to the beach	Going to the park	Imaginative play
Riding a bike	Being with friends	Exercising
Art/Crafts	Field Trips	Walking
Boating	Computer Time	Movies/Music/Dancing
Wii		

Please list if there are any activities specifically not liked/enjoyed. _____

Other information we should know _____

Behavior Concerns			
Is self-abusive		Runs away/wanders	Other (please list below)
Abusive towards others		Difficulty with transitions	
Bites (self or others)		Does not like loud noises	
Scratches/pinches self or others		Does not like to be touched	
Grabs others		Enjoys social time	
Uses inappropriate language		Prefers activities alone	
Uses inappropriate touch		Inappropriate sexual behavior	

Please do not be offended if we ask for photo identification from you or others who pick-up your child.
This is for the safety of all participants in our care.

The following are authorized to pick-up my child, please bring photo identification.

(Parents are always authorized to pick up, but we may ask for ID until all staff are familiar.)

Name	Relationship	Daytime Phone Number

The following are NOT authorized to pick-up my child:

Name	Relationship	Daytime Phone Number

GOALS: Please list 1-3 goals that can be worked on during the year.

1. _____

2. _____

3. _____
