

ANNUAL INFORMATION FORM

This information will be used for all programs during 2012. Please attach a separate page with other pertinent information if needed. Please contact the SRACLC office if any information changes throughout the year.

Name _____ Age _____ DOB _____
 Address _____
 City _____ Zip _____
 Sex: Male Female Phone _____ Cell Phone _____

***Please list Primary and Secondary Disabilities.**

If Down Syndrome, has participant been tested for atlanto axial instability? Yes / No
 Does your participant have atlanto axial instability? Yes / No

Medication (this information needs to be updated each season or whenever dosage changes)

Does the participant receive any medication? Yes / No
 Will the participant be taking medication during programs? Yes / No

*****If yes, you must complete the Medication Dispensing Information form and waiver.**

<u>Medication</u>	<u>Dosage</u>	<u>Time (s)</u>	<u>Purpose</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Health Issues

Does the participant seizure? Yes / No
 Types, signs & reaction _____
 Does the participant have allergies? Yes / No
 Types & reaction: _____

Dietary Issues

Does participant require assistance eating or drinking? Yes / No
 •have any food restrictions? Yes / No Comments: _____
 •have any food dislikes? Yes / No Comments: _____
 •have any specific food likes? Yes / No Comments: _____

Behavior Issues

Does participant display unusual fears? Yes / No Comments: _____
 •comply with verbal requests? Yes / No Comments: _____
 •respond to specific directions? Yes / No Comments: _____
 •have any known situations that set them off? Yes / No Comments: _____
 What actions are to be taken if a particular behavior is presented? _____
 •respond to any reinforcement methods? Yes / No Comments: _____
 •respond to behavior improvement techniques? Yes / No Comments: _____

Safety Issues

Does participant need assistance orienting to:
 people place time
 Does participant need assistance protecting:
 self anticipate safety needs
 Does participant need assistance toileting:
 independent monitor diapering

General Issues

Does participant use: wheelchair stroller
 walker cane crutches
 If participant is non-verbal do they use:
 sign language communication board/book



Note!

Please complete this form and send in with registration.

Attach any additional pages with any other pertinent information.

All information is utilized by staff to help ensure a safe and fun-filled experience.

Contact

Theresa Walker to be placed on or to receive a copy of the car pooling list.