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SPECIAL CONNECTIONS OF GRUNDY COUNTY ANNUAL INFORMATION SHEET

LONG FORM FOR NEW PARTICIPANTS

**GENERAL INFORMATION**

Name: Sex: Male Female Age: Birthdate:

Address: City: Zip:

Home Phone: E-mail:

Mother: Primary Phone:

Father: Primary Phone:

Are you your own guardian: Yes No If no, please name guardian:

Guardian phone number:

Physician’s Name: Physician’s Phone:

Address: City: Zip:

Secondary Contact other than Parent or Guardian- Name:

Relationship: Phone Number:

**PARTICIPANT INFORMATION**

Participant Primary Disability: Secondary Disability:

If participant has Down Syndrome, has he/she been tested for atlanto axial instability: Yes No

If yes, were results positive: Yes No If yes, please attach a copy of medical exam

Can the participant be left alone after a program has ended to wait for a ride or stay at location? Yes No

Can the participant get home independently (walk, bike, drive) from a program? Yes No

Favorite quiet activities:

Favorite active games:

Least favorite activities:

Hobbies:

T-shirt/Sweatshirt size:

**MEDICAL INFORMATION**

Does the participant have seizures? Yes No Date of last seizure:

Type and frequency:

Actions to take in the event of a seizure:

Does the participant have allergies? Yes No Comment:

Does the person have dietary restrictions? Yes No Comment:

Does the person have asthma? Yes No Does the person use an inhaler? Yes No

Comment:

Current Medications (Medication list must be attached.)

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| --- | --- | --- | --- |
| Name | Dosage | Frequency | Purpose |
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Does the participant self-medicate? Yes No

I understand that it is my responsibility to give the medication directly to the Special Connections of Grundy County staff with full instructions in individual dosage containers, clearly labeled envelopes or in original prescription bottles. In all cases, medication dispensing can only be changed or modified by amending this form. I hereby acknowledge that the above information regarding medication dispensing is accurate. I also understand that it is my responsibility to inform Special Connections if any changes in the dispensing of medication occurs. In all cases, the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to Special Connections to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered. I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to any participant. In consideration of Special Connections administering medication, I hereby fully release or discharge Special Connections and its officers, agents, employees and volunteers from any and all claims of injury, damages and losses that the participant may have, arising out of, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless and defend Special Connections, its officers, agents, employees and volunteers from any and all claims resulting from injuries, damages and losses sustained by the participant and arising out of, connected with, incidental to or in any way associated with the administering of medication.

Parent/Guardian Signature Date

**DAILY LIVING SKILLS**

EATING: Eats independently Needs to be monitored Needs assistance

BATHROOM: Toilets independently Needs to be monitored Needs assistance

DRESSING: Dresses independently Needs to be monitored Needs assistance

SHOWERING: Showers independently Needs to be monitored Needs assistance

HAIR CARE: Does hair independently Needs to be monitored Needs assistance

MOBILITY: Walks independently Uses manual wheelchair Uses motorized

wheelchair

Uses other devices for mobility

COMMUNICATION: Verbal Gestures/points

Has difficulty expressing needs Uses a communication system

Uses sign language Uses hearing devices/aids

Please provide more details as needed regarding any daily living skills:

**BEHAVIOR/CONDUCT**

FOLLOWING INSTRUCTIONS: Follows instructions independently Needs verbal prompts

Needs step-by-step instruction

Check all that apply: short attention span easily distracted hyperactivity

tendency to wander off manipulative verbal outbursts

instigates behavior self-abusive behaviors steals

tantrums/meltdowns oppositional/defiant physical aggression

towards others

Others:

If you checked yes to any behaviors above, please provide a detailed description:

What are known to trigger these behaviors?

Does the participant respond to specific behavior management techniques? Yes No

Explain:

Does the participant have any specific fears or concerns? Yes No

Explain:

**INTERACTION/SOCIALIZATION SKILLS**

Social Interactions: initiates social interactions on own socializes with verbal prompting avoid social

interactions

Prefers: being alone with peers with adults

Is most successful in: large groups small groups other

Responds better to: males females either

Please explain any of the above skills:

Please list any sensory issues your child/the participant may have:

**PHOTO/VIDEO RELEASE**: Special Connections of Grundy County occasionally uses participant photos, videos, likeness and/or name in publicity or brochures related to Special Connections. Signing this form gives permission to Special Connections to do this through pictures and print via social media, e-mail, newsletters, newspaper, radio and other media. Please notify us in writing if you do not want your child/ward’s or your own photo, video, likeness and/or name used on our website or in brochures, print media, social media or promotional material related to Special Connections.

Participant/Guardian Signature Date

**TRANSPORTATION PERMISSION**: I give permission for Special Connections of Grundy County coaches or volunteers to provide transportation to, from and/or during activities, practices and competitions.

Participant/Guardian Signature Date

**WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

Please read this form carefully and be aware that in signing up and participating in Special Connections of Grundy County programs/activities/transportation, you will expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with Special Connections programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against Special Connections of Grundy County, including its directors, officers, coaches, volunteers and employees.

I do hereby fully release and forever discharge Special Connections of Grundy County from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering online, your online signature shall substitute for and have the same legal effect as an original form signature.

Participant/Guardian Signature Date