

2007 Arc Fox Cities Participant Information Form

PARTICIPANT'S NAME: _____

ADDRESS _____

PHONE _____ DATE OF BIRTH _____ AGE _____

PARTICIPANT CELL PHONE: _____ SCHOOL (if applicable) _____

PARENT/GUARDIAN: _____

ADDRESS _____

PHONE (DAY) _____ (EVENING) _____

CELL PHONE _____ E-MAIL _____

EMERGENCY CONTACT: (If different than above) _____

RELATIONSHIP _____ CELL PHONE _____

PHONE (DAY) _____ (EVENING) _____

DOCTOR'S NAME _____ PHONE _____

MEDICATIONS

This person takes **NO** medications on a routine basis.

This person takes medications as follows: (attach sheet if necessary)

Medication _____ dosage _____ times per day ____

Medication _____ dosage _____ times per day ____

Medication _____ dosage _____ times per day ____

Medication _____ dosage _____ times per day ____

Medication _____ dosage _____ times per day ____

Medication _____ dosage _____ times per day ____

ALLERGIES

This person has **NO KNOWN** allergies.

This person has the following allergies to medications, food, and insects. Please list:

(OVER)

DIET RESTRICTIONS OR LIMIT INTAKE

- This person has **NO** diet restrictions or limitations on intake
- This person has the following restrictions or limit intake on the following foods:

NOTE: For the **CREATIVE PLAY PROGRAM**

If your child has severe diet restrictions, we recommend that you send a bag lunch along to the program.

- The child needs a one on one assistance while attending the programs.

WHAT IS THIS PARTICIPANT'S DIAGNOSIS?: _____

HOW DOES THIS DIAGNOSIS AFFECT THEIR LIFE?: _____

MEDICAL CONDITIONS: Please elaborate

- SEIZURE DISORDER type _____ ORA _____
- SPEECH/COMMUNICATION
- HEARING
- VISION
- CHEWING/SWALLOWING
- TOILETING/ INCONTINENCE
- ANY OTHERS: _____

BEHAVIOR PROGRAM

Please indicate if there is a behavior you wish the Arc staff to follow

SOCIAL AFFECTIONS

Please indicate if there are any parental/guardian expectations regarding hugging or kissing.

PHOTO PERMISSION YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES _____ NO _____

RESPONDS INDEPENDENTLY TO EMERGENCY SITUATIONS (such as fire alarms/drills)? YES ____ NO ____

WAIVER

I understand The Arc Fox Cities, Inc. and its Programs are not responsible for accidents or injuries that may occur to my son/daughter/ward during activities. I relieve The Arc Fox Cities, Inc. and its staff and volunteers of any legal or medical liability due to injury or loss.

Parent/Guardian Signature : _____

Date: _____