2020 Annual Information Form

SEASPAR Special parks & recreation

For office use only
PDF _____ Date _____
RecTrac _____ Date _____
Details/Status _____ Date _____

Participant Name _____ Age _____ Birth Date _____ Gender _____

Address _____ City _____ Zip _____

Home Phone _____ Park District _____

Parent 1 Name _____ Work # _____ Cell # _____ Email _____

Parent 2 Name _____ Work # _____ Cell # _____ Email _____

Guardian Name _____ Work # _____ Cell # _____ Email _____

School _____ District # _____ Teacher _____ Permission to Consult Teacher ☐ Yes ☐ No

Group Home/Residential Facility _____ Permission to Consult Case Worker ☐ Yes ☐ No

Manager/Caseworker _____ Manager/Caseworker # _____

Weekend and/or Emergency # _____

Emergency Contact/Transportation Permission

(other than parents/guardian)

Name _____ Relationship _____ City _____ Transportation? ☐ Yes ☐ No

Home # _____ Cell # _____ Work # _____

Name _____ Relationship _____ City _____ Transportation? ☐ Yes ☐ No

Home # _____ Cell # _____ Work # _____

Transportation Permission in SEASPAR Vehicle? ☐ Yes ☐ No

Transportation Locations (Pickup/Drop Off) ☐ Denning Park ☐ Lemont ☐ SEASPAR ☐ Varies

Independent Departure (18 years or older) Is able to wait independently? ☐ Yes ☐ No Is able to go home on his/her own? ☐ Yes ☐ No

This permission applies to all programs? ☐ Yes ☐ No If no, please specify _____

Behavior/Communication

☐ Attention seeking	☐ Fear	☐ Manipulative	☐ Spitting
☐ Biting	☐ Hair pulling	☐ Pinching	☐ Steals
☐ Defiance/refusal	☐ Hitting/kicking	☐ Removal of clothing	☐ Tantrums/meltdowns
☐ Difficult transitions	☐ Hyperactivity	☐ Runs/wanders	☐ Throwing objects
☐ Easily distracted	☐ Inappropriate touching	☐ Self-abusive	☐ Verbal outburst

☐ Other _____

☐ Complies with verbal requests and directions ☐ Responds to specific verbal/non-verbal directions ☐ Responds to positive reinforcement

Does participant have a specific behavior plan? ☐ Yes ☐ No (If yes, please attach)

Method of communication: ☐ Communication board ☐ Facilitated communication

☐ Alternative communication ☐ Sign language ☐ Other _____

Please indicate any sensory needs the participant may have _____

_____

Additional Information _____

_____

Medical Information

Medical Conditions

Disability/Diagnosis _____

_____

Allergies ☐ Yes ☐ No (include food allergies and reactions)_____

_____

Dietary restrictions ☐ Yes ☐ No (not allergies) _____

Blood disorder ☐ Yes ☐ No _____

Diabetes ☐ Yes ☐ No (If YES, a Diabetes Plan is required)

Down Syndrome ☐ Yes ☐ No ASC testing result? ☐ Positive ☐ Negative ☐ Not tested

G-Tube ☐ Yes ☐ No (If YES, please attach instructions)

Hearing Impaired ☐ Yes ☐ No _____

Heart Condition ☐ Yes ☐ No _____

Seizures ☐ Yes ☐ No (If YES, a Seizure Plan is required)

Visually Impaired ☐ Yes ☐ No _____

Other (asthma, chronic illness, etc.) _____

_____

_____

Medications (list all prescription medications taken, even if not taken at program)

Drug Name (Brand/Generic)	Dose	Time	Reason	Side Effects

***Please attach sheet with additional medications if needed.**

Is participant responsible for self medication at programs? ☐ Yes ☐ No

Does staff need to remind participant to take medication? ☐ Yes ☐ No

I understand that it is my responsibility to give the medication directly to the SEASPAR staff with instructions in individual **clearly labeled envelopes**. In all cases, medication dispensing can only be changed or modified by amending this form. I hereby acknowledge that the above information provided for the dispensing of medication for the participant is accurate. I also understand that it is my responsibility to inform SEASPAR if any changes in the dispensing of medication occur.

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 SEASPAR 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 the participant. In consideration of SEASPAR administering medication, I hereby fully release or discharge SEASPAR, and its officers, agents, employees, and volunteers from any and all claims from injuries, damages and losses 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 SEASPAR, 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 _____

Participant Signature (over 21) _____ Date _____

Personal/Physical Requirements

Assistive Devices

Wheelchair ☐ Yes ☐ No Type Manual Electric Transport only in wheelchair? Yes | No

Does participant need assistance with transfers? ☐ Yes ☐ No (If YES, a Transfer Plan is required)

Transfer to chair or floor? ☐ Yes ☐ No Transfer to seat in theater or restaurant? Yes No

Please indicate if used: ☐ Stroller ☐ Walker ☐ Cane/Crutches ☐ Prosthetic Device ☐ AFOs ☐ Other _____

☐ Service Animal (please describe) _____

What level of assistance does participant need?	Full	Moderate	Independent	Details
Eating/Drinking (cuts food, uses straw, etc.)	☐	☐	☐	_____
Toileting (diapers, catheter, wiping, etc.)	☐	☐	☐	_____
Dressing/Undressing (tying shoes, pulling up swimsuit, etc.)	☐	☐	☐	_____
Money Handling (monitor for correct change, no concept, etc.)	☐	☐	☐	_____
Reading (comprehension level, etc.)	☐	☐	☐	_____
Responsibility (keeping track of belongings, etc.)	☐	☐	☐	_____
Safety (crossing street, water safety, etc.)	☐	☐	☐	_____

Please select swimming ability ☐ Cannot swim ☐ Needs personal flotation device

☐ Can swim one length of pool without flotation device ☐ Competitive/multi-lap independent swimmer

Please indicate bowling need ☐ Ramp ☐ Bumpers

Sports Programs/Day Camp

Height _____ Weight _____ Shoe Size _____

T-Shirt Size: ☐ Child ☐ Adult

☐ Small ☐ Medium ☐ Large ☐ XL ☐ 2XL ☐ 3XL ☐ 4XL

Shorts Size: ☐ Child ☐ Adult

☐ Small ☐ Medium ☐ Large ☐ XL ☐ 2XL ☐ 3XL ☐ 4XL

Please list any information concerning the participant that would aid staff in ensuring a safe and enjoyable program for him/her. Remember, the more you tell SEASPAR, the better we can meet each participant's needs.

Indicate friends attending SEASPAR _____

Parent/Guardian Signature _____ Date _____

Participant Signature (over 21) _____ Date _____