

# 2021 Annual Information Form



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

<input type="checkbox"/> Attention seeking	<input type="checkbox"/> Fear	<input type="checkbox"/> Manipulative	<input type="checkbox"/> Spitting
<input type="checkbox"/> Biting	<input type="checkbox"/> Hair pulling	<input type="checkbox"/> Pinching	<input type="checkbox"/> Steals
<input type="checkbox"/> Defiance/refusal	<input type="checkbox"/> Hitting/kicking	<input type="checkbox"/> Removal of clothing	<input type="checkbox"/> Tantrums/meltdowns
<input type="checkbox"/> Difficult transitions	<input type="checkbox"/> Hyperactivity	<input type="checkbox"/> Runs/wanders	<input type="checkbox"/> Throwing objects
<input type="checkbox"/> Easily distracted	<input type="checkbox"/> Inappropriate touching	<input type="checkbox"/> Self-abusive	<input type="checkbox"/> Verbal outburst
<input type="checkbox"/> 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 and over-the-counter 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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toileting (diapers, catheter, wiping, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dressing/Undressing (tying shoes, pulling up swimsuit, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Money Handling (monitor for correct change, no concept, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reading (comprehension level, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Responsibility (keeping track of belongings, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safety (crossing street, water safety, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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

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 \_\_\_\_\_