



Vancouver-Clark Parks & Recreation  
 Access to Recreation  
 P.O. Box 1995  
 Vancouver, WA 98668  
 Debbie.gibbs@ci.vancouver.wa.us  
 (360) 487-7058  
 (360) 487-7060 TTY  
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## 2008 Access to Recreation Information Form

**Please attach any information that would be helpful.**

Access to Recreation Services requires that this form be completed once each year prior to program participation by an individual. All information will be kept confidential and shared only with those persons with a need for the information to assist in you or your child/guardian's participation in activities. Please fill out all applicable information completely. Please print.

### GENERAL INFORMATION

#### Participant Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Primary disability \_\_\_\_\_

Date of onset \_\_\_\_\_ Secondary Disability \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Ethnicity (optional): \_\_\_\_\_ C-Van ID # \_\_\_\_\_

(please circle)

#### Parent/Guardian/Agency/Provider Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail: \_\_\_\_\_

#### Emergency Contact (other than those listed above)

Name & Relation to Participant: \_\_\_\_\_

Emergency Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Doctor's Name & Phone: \_\_\_\_\_

### MEDICAL INFORMATION

#### **Does/has participant:**

1. Have Seizures? YES NO Describe physical reaction during a seizure \_\_\_\_\_  
 Type \_\_\_\_\_ Reaction after seizure \_\_\_\_\_

2. Use wheelchair? YES NO How often? \_\_\_\_\_ Electric Manual \_\_\_\_\_ Sport \_\_\_\_\_

3. Use other walking devices? YES NO What kind? \_\_\_\_\_ How often? \_\_\_\_\_ When? \_\_\_\_\_

4. Use orthopedic or prosthetic devices? YES NO Type \_\_\_\_\_  
 Please describe when used: \_\_\_\_\_

5. Have Down Syndrome YES NO Does participant have Atlanto-Axial Instability Condition? YES \_\_\_\_\_ NO \_\_\_\_\_

6. Have allergies? YES NO Please specify \_\_\_\_\_  
 Food restrictions? YES NO Describe reactions \_\_\_\_\_

7. Been exposed to or have contagious or infectious disease? YES NO Exposed to: \_\_\_\_\_ when? \_\_\_\_\_ How is participant currently affected?  
 \_\_\_\_\_

(over)

**MEDICATIONS ADMINISTRATION**

If a participant takes medication during program time, the Access to Recreation office must be notified in advanced. Medical authorization forms and medication schedules must be completed before program begins.

List all Medications:  
  
Reason for Medications:

Will participant take any medications during the program? YES\_\_\_\_\_ NO\_\_\_\_ (if yes, please call 487-7058 for approval)  
Participant can self-medicate? YES\_\_\_ NO \_\_\_  
Does participant need assistance for injections or personal hygiene YES\_\_\_\_\_NO\_\_\_\_\_ If yes, what arrangements will be made?

**PERSONAL AND COMMUNITY SKILLS**

**Participant requires and/or uses:**

**Explain:**

- Assistance eating/drinking \_\_\_\_\_
- Assistance toileting \_\_\_\_\_
- Assistance dressing/undressing \_\_\_\_\_
- Assistance communicating needs \_\_\_\_\_
- Assistance to walk or move wheelchair \_\_\_\_\_
- Assistance transferring from wheelchair \_\_\_\_\_
- Assistance with reading/writing \_\_\_\_\_
- Assistance using money \_\_\_\_\_
- Assistance in protecting self/anticipating safety needs \_\_\_\_\_
- Assistance staying with group \_\_\_\_\_
- Uses sign language \_\_\_\_\_
- Use hearing aide/device What? \_\_\_\_\_ When? \_\_\_\_\_
- Wear glasses, contacts What? \_\_\_\_\_ When? \_\_\_\_\_
- Uses communication device \_\_\_\_\_
- Precautions in sun, heat, cold (environmental) \_\_\_\_\_
- Precautions due to allergies \_\_\_\_\_
- Assistance in orientation to people, places, times \_\_\_\_\_
- Assistance with swimming pool entry \_\_\_\_\_
- List any limitations to recreational activities \_\_\_\_\_

**BEHAVIORAL NEEDS**

Requires Supervision: YES NO If yes, supervision is: Close Distant Type of supervision @ school/job \_\_\_\_\_

**Participant displays:**

**Explain:**

- Unusual fears or concerns: people, places, spaces \_\_\_\_\_
- Physical or verbal aggression to others \_\_\_\_\_
- Physical aggression to self \_\_\_\_\_

**Participant responds positively to:**

- Specific verbal/nonverbal directions \_\_\_\_\_
- Reinforcement devices (food, toys, etc.) \_\_\_\_\_
- Specific behavioural techniques \_\_\_\_\_

**Other information that might enhance quality and safety of recreation participation:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I have read this form and the Policies & Procedures page and I understand its content and request participation in Vancouver-Clark Parks & Recreation programs.

\*

\_\_\_\_\_  
**Signature of Participant or Parent/Guardian (if participant is under 18 years of age)**

\_\_\_\_\_  
**Date**