

2009 Inclusion Intake Form

Please attach any information that would be helpful.

Inclusion 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'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 inclusion services 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 487-7057 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 _____
- Is participant a runner _____
- Physical or verbal aggression to others _____
- Physical aggression to self _____

If yes indicated for any aggressive behaviour the Inclusion office will follow up with a Behaviour Management Plan.

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 an accommodation in Vancouver-Clark Parks & Recreation programs.

*

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

Date