



CITY OF WESTERVILLE
 PARKS AND RECREATION DEPARTMENT
 ANNUAL MEDICAL AND PERMISSION FORM FOR
 ADAPTIVE AND INCLUSION PROGRAMMING

350 N. Cleveland Ave | Westerville, Ohio 43082 | (614) 901-6500 | www.westerville.org

****Please complete multiple forms if you have multiple participants attending Access to Therapeutic Recreation Programs****

Basic Information

Participant's Name _____ Age: _____ Date of Birth: _____
 Home Address _____ City: _____ State: _____ Zip: _____
 Participant's Phone: _____ Participant's Email: _____ Sex: Male Female
 T-Shirt size: Youth Adult Small Medium Large X-Large 2XL 3XL Shoe Size: _____

Parent/Guardian (First and Last Names)

Relation (_____) _____ Work Phone _____

Email Address _____ Cell Phone _____

Relation (_____) _____ Work Phone _____

Email Address _____ Cell Phone _____

Participant Is Own Guardian: Yes No

Emergency Contacts (Friends or Family 18+)

Name _____ Relation _____ Best Phone Number to use _____

Name _____ Relation _____ Best Phone Number to use _____

Allergies, Special Health, and Medical Information

Primary Disability: _____

Secondary Disability: _____

Please list any adaptive equipment used: _____

Allergies: Food Allergies Medication Allergies Other Allergies Carries/Uses Epi-Pen

Comments: _____

Seizures: Yes No Type: _____ Reaction during seizure: _____

Reaction after seizure: _____

Does the participant require assistance eating or drinking? Yes No

Comments: _____

Does the participant have any food restrictions? Yes No Comments: _____

Is the participant Diabetic? Yes No If yes, participant must independently administer insulin

Does the participant smoke? Yes No If yes, participant must independently light and handle cigarette and break

THIS FORM MUST BE COMPLETED AND SIGNED 2 WEEKS BEFORE PROGRAM BEGINS



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Emergency Medical Authorization

Please complete either Part I or Part II (not both)

PART I

In the event reasonable attempts to contact me and/or listed Emergency Contacts have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by a licensed physician, and the transfer of the participant to a hospital reasonably accessible. This authorization does not cover surgery unless the medical opinions of two other licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. I waive and release the City of Westerville from any and all liability for any injuries or illnesses incurred while participating in programs.

Medical Insurance Carrier: _____

Hospital Preference: _____

Physician's Name: _____ Physician's Phone: _____

Date: _____ Parent's Signature _____

PART II

Refusal to Consent. I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the _____ authorities to take no action or to (specify action)

(Name of Program)

Date: _____ Parent's Signature _____

Permanent Permission Form

Premises Transportation Rights

Assigned participant, _____, has permission to leave the premises of 350 N. Cleveland Ave. or any other registered site by foot, auto, City of Westerville van or bus, with Parks and Recreation Department staff to participate in field trips or outings, which are planned as part of any session.

(Parent/Guardian Signature)

Secondary Parent/Guardian Pick-Up

The following persons, other than his/her/their legally responsible parents/guardians, have permission to pick up _____ at the end of any session.

Participant

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature _____

Acknowledgements of Policies and Procedures

This form states that all the above information is correct and updated with signature from parent/guardian.

Parent/Guardian Signature _____ Date _____

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Mobility and Communication Information

- Can the participant use the restroom independently? YES NO
- Can the participant feed himself/herself independently? YES NO
- Can the participant walk independently? YES NO
- Use a Wheel chair Manual Electric
 - Transfers Independently Yes No
 - Uses orthopedic equipment Walker Stroller Cane Crutches

- Communication Needs: Verbal Non-Verbal Hearing Aid: Right Ear Left Ear
- Independent Communication Assisted/Facilitated Communication Uses ASL
- Uses Communication System PECS Picture Schedule Talker

Safety Information

- Can the participant say his/her own name? YES NO
- Can the participant manage his/her money independently? YES NO
- Does the participant recognize danger? YES NO
- Does the participant wander/run from group? YES NO
- Can the participant follow simple instructions? YES NO
- Participant expresses his/her needs/wants Verbally Non-Verbally
- Can the participant read? YES NO
- Can the participant write? YES NO
- Swimming: Swims independently Can swim a little
 Cannot swim at all Extreme fear of water

Behavior Information

- Please check all that apply: Short attention span Hyperactivity Easily Distracted
- Oppositional/defiant Tantrums Verbal Aggression
- Self- Injurious Behavior Physical Aggression toward others

Does the participant have any known triggers/situations that cause behavior? Yes No

Comment: _____

What techniques do you use to calm behavior? _____

Does the participant have coping skills they know to use when agitated? YES NO

Explain: _____

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