

2019 WRCC Annual Information Form

Participant/Child Information

Name _____ Parents/Guardian Name(s) _____

Age _____ Sex _____ Date of Birth _____

Address _____ Mother's Email _____

City _____ State _____ Zip _____ Mother's Cell _____

Father's Email _____

Father's Cell _____

Primary disability (Be specific) _____

Secondary disability (Be specific) _____

Community Staff Agency: _____

Staff Name _____

Staff Phone _____

Emergency Contact (other than those listed):

Name _____

Emergency Phone _____

MEDICAL INFORMATION

LIST ALL MEDICATIONS:

Does participant:

1. Have dietary needs or a special diet? _____

2. Have allergies? YES NO Describe reaction _____
Epi Pen? YES NO

3. Have Seizures? YES NO Describe physical reaction during a seizure:
Type _____ Reaction after seizure _____

Seizure Plan _____

Call 911? _____ Treatment _____ Duration _____

4. Use an assistive device? YES NO How often _____ Type? (Please Circle) Electric Manual Walker

MEDICATION ADMINISTRATION

Will participant take any medications during the program? YES NO

Can participant self-medicate? YES NO

Does participant need assistance for injections or other invasive medical care? YES NO

Any medical precautions/care:

PERSONAL AND COMMUNITY SKILLS (Check all that apply)

- Assistance with eating/drinking
- Assistance with toileting needs
- Assistance with transitions
- Assistance with communication
- Assistance with reading/writing
- Uses Sign Language
- Uses a hearing aid/device
- Precautions in sun, heat, cold environments
- Assistance staying with the group
- Assistance in orientation to people, places, times
- Method of communication (iPad, visuals, choice board)

FAITH

What have been your child and family’s experiences with church?

What Christian concepts does your child understand (God, Jesus, church, Heaven, etc.)?

What Christian concept do you wish your child could understand better? _____

Is child/adult interested in getting baptized? YES NO ALREADY HAS

BEHAVIORAL NEEDS

What type of supervision does the participant require (i.e. close, distant, line-of-sight)?

Participant displays: (please describe)

- Unusual fears or concerns (people, places, etc)
- Physical or verbal aggression to others
- Physical aggression to self
- Flight Risk
- Potential Triggers

Positive Reinforcement

Please explain any tips or techniques we could use to offer the best possible experience (food, verbal praise, toys, etc.) _____

Any other information that would enhance or limit the participation for this individual (soothing techniques, sensory breaks)

Please attach an additional information such behavior plan or IEP that would be helpful to WRCC Staff and Volunteers

I grant permission for participant’s picture to be used in media, brochures, or advertisements for WRCC. . YES NO

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

Date

