

BRIGHT DAYS RECREATIONAL SERVICES

"Serving people with disabilities"

Participant Information Sheet

Please Print Legibly & Leave No Blank Spaces

Name of Trip(s): _____

Date(s) of Trip(s): _____

General Information

Name _____

D.O.B. _____

Height _____ Weight _____ Sex: Male _____ Female: _____

Address _____ City _____ ST. _____ Zip _____

Phone _____

Living Arrangement (please check one)

Family _____ Community Residence _____ Supported Living _____ Independent _____

Agency Name _____

Agency Phone _____

Agency Address _____ City _____ ST. _____ Zip _____

Contact Person _____ Contact Person's Phone Number _____

Contact Person's email _____ Emergency Contact and Phone Number _____

Medical Information

Name of Primary Physician _____ Phone Number _____

Medicaid or Health Insurance No. _____ Name of Insurer if other than Medicaid _____

Does Participant take any Medications? Yes _____ No _____ If yes please list (attach additional sheets if needed)

Medication time dose amount route All Medications MUST be pre-packed!

Participant takes Medications (check one) Independent _____ Staff must Administer _____

Social/Behavioral Information (attach additional sheets if needed)

If there are any behavioral or emotional problems and/or unusual social characteristics please describe them, and tell us how best to handle them.

Have there been any assaultive and/or aggressive behaviors within the past year? Yes _____ No _____ If yes please describe.

Skills Information (check one)

Independent

verbal prompts

physical assistance

Dressing

Bathing

Eating

Hygiene

Toileting

Community Safety

If physical assistance is needed in any of these areas please describe how much physical assistance, or what kind of physical assistance needs to be provided.

Money Management (check one)

Can handle money independently _____

Can handle some money (Amt. _____) but needs assistance with purchases _____

Staff should hold participant's money _____

Communication skills Please check one: Verbal _____ Non Verbal _____ Sign language _____

Swimming ability Please check one: Good _____ Fair _____ Poor _____

Walking ability Please check one: Good _____ Fair _____ Poor _____

Specific fears (dark, elevators, animals, etc.) _____

Physical problems or physical disabilities _____

Activity limitations _____ **Special equipment** _____

Allergies

Dietary restrictions

Chronic medical issues

Waiver/Consent Agreement

ALL APPLICANTS MUST SIGN AND RETURN

Participants and their guardians applying for this trip do so at their own risk. Bright Days Recreational Services, its staff, and volunteers shall not be held liable for any harm to person or property as a result of self-injurious behavior, or the action of any other trip participant. Participants, guardians, and agents, also release Bright Days Recreational Services, its staff, and volunteers from responsibility for anyone who voluntarily departs the trip. Bright Days Recreational Services will not be responsible for the breakage or loss of any personal property, or malfunction of adaptive equipment.

If for any reason a participant must receive medical attention, and extra staffing is needed, all costs shall be incurred by the applicant or guardian. Staff and/or volunteers of Bright Days Recreational Services are granted authority, and permission to authorize treatment at a hospital or clinic when deemed necessary. Bright Days Recreational Services shall not assume any of the costs that may be incurred as a result. Applicants are advised to carry their own medical insurance.

Bright Days Recreational Services is granted permission to use photographs taken of applicant for promotional purposes (brochures, catalogs, etc.), unless otherwise stated in writing.

Medications that need to be administered during the trip must be prepacked in "med envelopes" indicating name of participant, name of medication, date, time, and dose.

"I have read and understand the information above, and agree to the terms, and conditions stated therein."

Signature (guardian or provider)

Date

Permission to Participate (This section is unnecessary if participant is his/her own legal guardian)

Permission is granted for _____ to participate in _____ trip. I am the guardian or provider for the above named individual, and grant permission for this trip.

Signature (guardian or provider) _____

Date _____

Please attach a copy of participant's health insurance card.