River Valley Special Recreation Association

20___ RVSRA Annual Information Form

Name: _____ Sex: ☐Male ☐Female Age:_____ Birth Date: _____

Address: _____City: _____ State: _____ Zip: _____

Home Phone: ( ) _____ Email: _____ Photo Permission: ☐ Yes ☐ No

Mother: _____ Primary#: _____Other #: _____

Father: _____ Primary#: _____Other #: _____

Is the participant his/her own guardian? ☐ Yes ☐ No If no, name guardian:_____

Physician's Name: _____ Physician's Phone: ( ) _____

Address: _____ City: _____ State: _____ Zip: _____

Secondary Contact other than Parent or Guardian: Name:_____

Relationship:_____ Phone: ( )_____

How would you like to receive information from us: ☐ E-mail ☐ Regular Mail ☐ Other_____

PARTICIPANT DISABILITY (Please check all that apply)

☐ Attention Deficit Disorder ☐ Down Syndrome ☐ Specific Learning Disability

☐ Autism ☐ Emotional/Behavior Disorder ☐ Traumatic Brain Injury

☐ Cerebral Palsy ☐ Intellectual Disability ☐ Visual Impairment

☐ Deafness/Hearing Impairment ☐Other_____

If Down Syndrome, has participant been tested for atlanto axial instability? ☐ Yes ☐ No

Does your participant have atlanto axial instability? ☐ Yes ☐ No

EMERGENCY TREATMENT PERMISSION:

I acknowledge that R.V.S.R.A. does not carry medical insurance. My family's own health insurance must assume responsibility in the event of injury. I understand that every precaution is taken to protect the safety of every participant. I agree to emergency treatment by a physician or hospital in the event that I cannot be reached. I understand that it is my responsibility to give all medication directly to program staff with full instructions in individual dosage containers, clearly labeled envelopes, or in original prescription bottles. I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the agency if any changes in the dispensing of medication change.

Hospital Choice: _____ Medical Insurance Company: _____

Policy Number: _____

_____ _____

→SIGNATURE OF PARENT OR GUARDIAN **DATE**

Please complete both sides

MEDICATION

Does the participant receive any medication? ☐ Yes ☐ No

Medication	Dosage	Time(s)	Purpose

Possible side effects of medication: _____

How do you typically deal with side effects: _____

HEALTH ISSUES

Does the participant **seizure?** ☐ Yes ☐ No _____

If yes, date of last seizure: _____

Comments: _____

Does the participant have **allergies?** ☐ Yes ☐ No

Comments: _____

DIETARY ISSUES

Does participant require assistance eating or drinking? ☐ Yes ☐ No Comments: _____

- have any food restrictions? ☐ Yes ☐ No Comments: _____
- have any food dislikes? ☐ Yes ☐ No Comments: _____
- have any specific food likes? ☐ Yes ☐ No Comments: _____

BEHAVIOR ISSUES

Does participant display unusual fears? ☐ Yes ☐ No Comments: _____

- comply with verbal requests? ☐ Yes ☐ No Comments: _____
- respond to specific directions? ☐ Yes ☐ No Comments: _____
- have any known situations that set them off? ☐ Yes ☐ No Comments: _____

What actions are to be taken if a particular behavior is presented? _____

- respond to any reinforcement devices? ☐ Yes ☐ No Comments: _____
- respond to any behavior improvement techniques? ☐ Yes ☐ No Comments: _____

GENERAL ISSUES

- Does participant use: wheelchair_____ stroller_____ walker_____ cane_____ canadian crutches _____
- Can participant be transferred into van or stadium seating? ☐ Yes ☐ No
- If participant is non-verbal do they use: sign language _____ communication board/book _____
- Does participant swim/enjoy water? ☐ Yes ☐ No
- Participant of legal drinking age? ☐ Yes ☐ No

If "Yes" does participant have permission to consume alcohol at R.V.S.R.A. programs or events (ball games, trips, etc.)?
☐ Yes ☐ No If "Yes" how much and what kind? _____

- Can participant be left alone after a program has ended to wait for a ride? ☐ Yes ☐ No
- Get home independently from a program (i.e. walk, take public transportation, etc.?) ☐ Yes ☐ No

Please indicate below and/or attach any other information that might assist R.V.S.R.A. staff:

_____

_____

PLEASE COMPLETE AND RETURN TO:

River Valley Special Recreation Association • 1335 E. Broadway, Bradley, IL 60915