

**The Arc of the Ozarks
Education & Recreation Program Application**

Date of Application: _____

Participant Name _____ Date of Birth _____ Sex _____

Current Address _____ Home Phone _____

City _____ State _____ Zip _____

School Attending _____

Teacher, Grade & Classroom Assignment _____

Program Applying for: _____

Soc Sec # _____ SRC ID _____

SRC Case Coordinator _____

Medicaid # _____ Medicare # _____

Parent or Guardian _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell or Pager _____

Email address _____

Primary Language _____ Secondary Language _____

Person or Agency making Referral _____

Is Participant enrolled in any Arc of the Ozarks Program? _____ If yes, what Programs? _____

Primary Diagnosis or Disability _____

Secondary Diagnosis or Disability _____

Emergency Contacts:

1. _____ Home Phone _____ Work _____
Cell or Pager _____

2. _____ Home Phone _____ Work _____
Cell or Pager _____

3. _____ Home Phone _____ Work _____
Cell or Pager _____

Primary Physician _____ Phone _____

Address _____

Psychiatrist _____ Phone _____

Address _____

Neurologist _____ Phone _____

Address _____

Physical Therapist _____ Phone _____

Address _____

Dentist _____ Phone _____

Address _____

Health History:

Medication Taken? Yes No **If you answered yes, the following MUST be completed. In case of a medical emergency we need to know what medication(s) are taken even if medication is NOT taken during recreation program hours.**

Name of Medication: _____ Dose: _____

Time to be Given: _____ Possible Side Effects: _____

Asthma: Yes No If yes, what is done to control/prevent an attack?

_____ Does you/the individual require an inhaler? Yes No

Allergies? Yes No If yes, to what?

_____ Do you/the individual carry an EpiPen? Yes No If yes, When should it be used (Be Specific)? _____

Diabetic? Yes No if yes, what shouldn't you/the individual eat or drink?

Feeding Information: Independent Needs some assistance
 Needs total assistance Pureed food Tube fed

Deaf/Hearing Impaired? Yes No If yes, how do you/the individual communicate?

_____ Interpreter Needed: Yes No

Nonverbal? Yes No If yes, can you/the individual communicate through a different means? _____

Physically Disabled? Yes No If yes, what is the disability? _____

Wheelchair/Walker/Cane/Crutch? Yes No

If yes, type Electric Wheelchair Manual Wheelchair Walker

Cane/Crutch

Participant is: independent Needs Assistance

Physical Limitations? Yes No If yes, what? _____

Safety Harness or Gait Belt Required? Yes No If yes, Bus Classroom

In Community

Heart Condition? Yes No If yes, what? _____

Seizures: Yes No If yes, what happens before the seizures? _____

If yes, Frequency of seizures? _____ Date of last Seizure? _____

Exposure to Sun? Full Minimum No Exposure Sunscreen may be used

Swim Experience: Yes No If yes, previous swim experience level & location?

Toileting Information: Toilet Trained Needs some assistance Needs total assistance Wears Diapers

What assistance is needed? _____

Are there any Health/Medical Concerns? _____

Likes of the Individual _____

Dislikes of the Individual _____

Desired Outcomes and Expectations to be accomplished from this Program (**Be Specific**) _____

Any other information that would be of assistance in serving the Individual? _____

Method of payment (Private, Regional Center, etc.) _____

Parent or Guardian Signature

Date

**The Arc of the Ozarks
Field Trip Permission Form**

I (parent/guardian) _____, hereby give

(participant) _____ permission to go on all Field Trip outings with the Education/Recreation Department including, but not limited to the Continuing Education and Saturday Recreation programs.

Participants in activities offered by The Arc of the Ozarks are not covered by medical or accident insurance. Each participant must furnish his/her own personal coverage. As a participant (or as a parent of an MR/DD participant), I release The Arc of the Ozarks board members, volunteers and employees from any liability to the participants for any personal injury or property damage suffered by the participants as a result of participation in the program. I assume all responsibility and agree to indemnify the sponsors and hold the sponsors harmless from and against any and all liability or cost arising from or in connection with the participant's participation in the program. In case of accident or sickness, I consent to emergency medical care provided by the ambulance or hospital personnel.

Parent/Guardian Signature: _____ Date _____

**The Arc of the Ozarks
Swimming Permission Form**

I (parent/guardian) _____, hereby give

(participant) _____ permission to go swimming.

Participants in activities offered by The Arc of the Ozarks are not covered by medical or accident insurance. Each participant must furnish his/her own personal coverage. As a participant (or as a parent of an MR/DD participant), I release The Arc of the Ozarks board members, volunteers and employees from any liability to the participants for any personal injury or property damage suffered by the participants as a result of participation in the program. I assume all responsibility and agree to indemnify the sponsors and hold the sponsors harmless from and against any and all liability or cost arising from or in connection with the participant's participation in the program. In case of accident or sickness, I consent to emergency medical care provided by the ambulance or hospital personnel.

Parent/Guardian Signature: _____ Date _____

**The Arc of the Ozarks
School Visit Permission Form**

I (parent/guardian) _____, hereby give

The Arc of the Ozarks permission to visit my child in regards to his/her participation in the programs offered by the Education/Recreation Department.

Child's Name _____

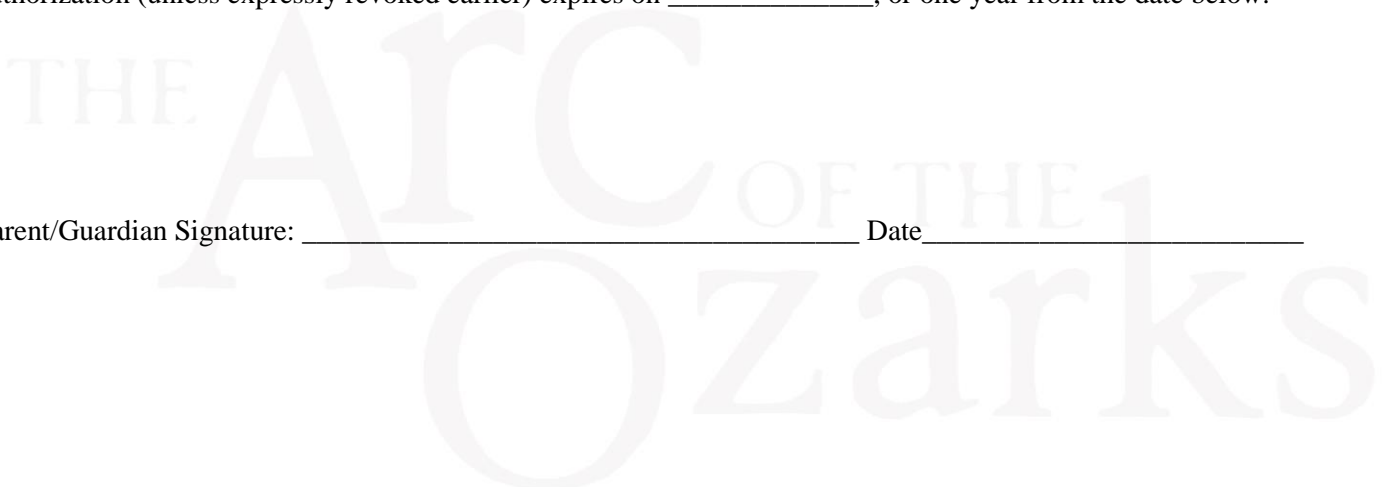
School Name _____

Grade _____

Teacher _____

I may revoke this authorization at anytime, except to the extent that action had been taken in reliance thereon. This authorization (unless expressly revoked earlier) expires on _____, or one year from the date below.

Parent/Guardian Signature: _____ Date _____



**The Arc of the Ozarks
Publicity Release**

I, _____ hereby authorize The Arc of the Ozarks to include _____'s name and/or picture in the following:

Public materials _____
(Magazines, newspapers, etc.)

Promotional Materials _____
(Websites, brochures, displays, etc.)

Organizational Materials _____
(Employee mailings, training media, etc.)

This authorization may be revoked by me at anytime, except to the extent that action had been taken in reliance thereon. This authorization (unless expressly revoked earlier) expires on _____, or one year from the date below.

Signature

Date

Signature of guardian

Date

Signature of witness

Date