NORTHSHORE WRANGLERS INCLUSION PROGRAM PARTICIPANT FORM

COMPLETE FORM ONCE EACH CALENDAR YEAR **2017**

PARTICIPANT

Number of people in household: _______

Participant Name ______________________ Birthdate ____ / ____ / ______ Age ___ Gender: M F

Participant Name ______________________ Birthdate ____ / ____ / ______ Age ___ Gender: M F

Address ______________________ City ____________ State ____ Zip ________ County ________

Email ______________________ Phone # (   ) ____________ Access # ________ DART # ________

PARENT / LEGAL REPRESENTATIVE → *Sign Form Below* ←

Name 1 SIGN FORM BELOW Cell # (   ) ____________ Evening # (   ) ____________ Day # (   ) ____________

Address ______________________ City ____________ State ____ Zip ________ County ________

E-mail ______________________ Relationship: Mother Father Representative Other ______

Name 2 ______________________ Cell # (   ) ____________ Evening # (   ) ____________ Day # (   ) ____________

E-mail ______________________ Relationship: Mother Father Representative Other ______

LOCAL EMERGENCY CONTACTS AND ALTERNATE PICK UP → *Use back side if needed*

Name ______________________ Cell # (   ) ____________ Other # (   ) ____________ Relationship ____________

Name ______________________ Cell # (   ) ____________ Other # (   ) ____________ Relationship ____________

CASE MANAGER (speak with your case manager to see if your DDA respite funds may be used to pay for programs)

Name: Phone #: (   ) Email:

HEALTH INFORMATION (particularly valuable for drop-off programs and camps) → *Use back side if needed*

☐ Primary Diagnosis: ______________________
☐ Secondary/Other Diagnosis: ______________________
Heart: ☐Disease ☐Defect ☐High blood pressure
Pain: ☐ Chest ☐ Joints ☐ Chronic:
☐ Seizures ☐Epilepsy ☐Fainting ☐Spells
Emotional*: ☐Psychiatric or ☐Behavioral diagnosis
History of: ☐ Concussion or ☐Serious head injury
History of: ☐ Major surgery or ☐Serious illness
☐ Incontinence*

☐Asthma or ☐Breathing issues
☐Combative/Aggressive behavior*
☐Easy bleeding or ☐Anemia
☐Sickle cell trait/disease
Uses: ☐Wheelchair* or ☐Walker
☐Bone or ☐Joint problem
☐Diabetes or ☐Special diet
☐Cerebral Palsy or ☐Stroke
☐Other:

☐Blind* or ☐Visually impaired
☐Hearing loss / ☐Hearing aid
ALLERGIES
☐None
☐Food:
☐Medicines:
☐Insect stings/bites: ☐Epi-Pen
☐Other:
Last tetanus: Mo: / Year:

MEDICATIONS **Staff/Volunteers do not provide personal care, toileting, feeding, restraint or 1:1 support. Aide/Caregiver welcome free at programs (excluding admission fees).*

Name	Approx. Date Started	Taken	Can/Does Participant Administer? (Staff does NOT administer medication)
	Mo: / Year:	AM PM OTHER: ___	YES NO
	Mo: / Year:	AM PM OTHER: ___	YES NO

Anything else to know medically and/or regarding health about Participant(s)?

→ *Use back side if needed*

BEHAVIORAL SUPPORT (Things to know, things to look out for, tips, things that help support/redirect, etc.) → *Use back side if needed*

☐ Requires 1:1 support*. *Must attend with aide/caregiver. Name of aide/caregiver: ______________________

PARENT / LEGAL REPRESENTATIVE AUTHORIZATIONS

Photos/Videos: Photos and videos are invaluable in Wranglers promotion, in raising awareness and in advocacy. I do NOT (if checked) wish photos or videos taken of ☐me or my ☐Participant(s) to be used in promotions. *(Leave unchecked to permit use.)*
Release/Waiver: I release Northshore Senior Center and all of its agents from any liability for any accident, injury or damages of any kind to any persons or property that may occur while participating in any Northshore Wranglers, Northshore Senior Center or Northshore Health & Wellness Center activity:

→→ **PARENT / REPRESENTATIVE SIGNATURE:** DATE: ←←

This section is optional and information is **CONFIDENTIAL**. Information is needed to qualify for some grant and funding sources. Please circle responses.

Yearly Household Income: One Person Household: $16,500 or less $16,501-$27,000 $27,001-$41,000 $41,001+
Two+ Person Household: $19,000 or less $19,001-$31,000 $31,001-$47,000 $47,001+

Male Female Veteran: Yes No Spouse of a Veteran: Yes No Homeless: Yes No

American Indian/Alaskan Native Asian/Asian American Black/African American White Hawaiian Native/Pacific Islander Latino/Hispanic Other