



YMCA Special Programs Participant Care Form

Participant's Name: _____ Preferred Nickname: _____

Sex: _____ Age/Grade: _____ DOB: _____

Primary Disability/Diagnosis: _____

Secondary Disability/Diagnosis: _____

Phone Number: _____

Address: _____

Parent/Guardian Name: _____

Address, if different: _____

Email: _____ Phone: _____ Work Phone: _____

MEDICAL INFORMATION

Does the participant have allergies? Yes No Please indicate type: Food Drug Environmental

Allergy: _____ Reaction: _____ Treatment Needed: _____

Please list any medication that the participant takes on a regular basis:

Medication: _____ Dosage: _____ Frequency: _____

Is the participant subject to seizures? Yes No Date of last seizure: _____

Describe type and frequency: _____

Does the participant require rest after a seizure occurs? Yes No

Are seizures controlled by medication? Yes No

Are there any doctor's restrictions concerning recreation participation? Yes No

If yes, please describe any activity the participant cannot participate in due to medical reasons:

Are immunizations current? Yes No If no, please explain: _____

Does the participant use/wear any of the following devices?

Contact Lenses Glasses Orthopedic Devices Hearing Aid Prosthesis

Other: _____

MOBILITY INFORMATION

Is the participant ambulatory? Yes No

Does the participant use a wheelchair? Yes No If yes: Manual Electric

Is the participant able to self-transfer? Yes No

Are there other assistive devices used for ambulation? No Cane Walker Brace Crutches

Does the participant use any other adaptive equipment? Yes No

If yes, please explain: _____

COMMUNICATION

Age-appropriate verbal? Yes No

Can the participant read and write? Yes No

Does the participant use sign language? Yes No

Do they like directions and schedules written down? Yes No

Do they utilize a pictorial/visual schedule? Yes No

Please specify other communication needs or methods: _____

SAFETY *Please indicate yes/no to the following:*

Willing to stay within group Yes No

Can recognize danger Yes No

Can be responsible for belongings Yes No

May wander or run Yes No

Able to say name and phone numbers Yes No

Can manage their own money Yes No

PERSONALITY & BEHAVIOR

What is the best way to engage or redirect the participant?

What is the best way to comfort them?

Do they have specific fears?

Are there settings or activities that may prohibit participation? (i.e., noise, flashing lights)

Please explain the best way to introduce or explain new tasks or transitions:

What other type(s) of accommodations are needed for the participant to successfully participate in YMCA programs?

Participant's Full Name: _____

Special Programs Participation & Registration Agreement

ATTENDANCE/MEDICAL CARE/ACCOMMODATIONS

1. I understand that the YMCA of Southwest Michigan is a volunteer and staff led organization. I agree that no administering of any medication will be provided without prior consent. I thereby agree to fully communicate any needs with both the Director of Family Programming and the staff/volunteer directly working with the participant. I understand that best efforts will be made to contact me in an emergency, but that I am giving consent for medical treatment if I am not available.
2. I understand that I will be asked to complete the participant's care form before initial participation and review at least every 2 years thereafter. I understand the information on the participant care form will be made available to all staff and volunteers working directly with the participant and that all staff and volunteers are asked to keep this information confidential. I will make myself available for any questions that arise.
3. I agree that a copy of the participant's care form may be shared with EMT's or Emergency Hospital Personnel in an emergency situation.
4. I understand that in an emergency, 911 will be called. I hereby authorize EMS to administer any medical treatment, medication, or appliance deemed necessary by EMS. I also authorize transportation by EMS to the nearest appropriate medical facility, as determined by EMS. I understand that I will be responsible for payment of all EMS, hospital, and/or physician charges for emergency services to the participant.
5. I understand that best efforts will be made to accommodate the participant during all YMCA Just For You activities. I understand that if the participant needs specific accommodations that are not a part of general programming (decreased ratios, direct personal care needs, etc) I will communicate those needs to the Director of Family Programming at least 2 weeks prior to the start of the program. I understand that the Director of Family Programming will get back to me prior to the start of the program to notify me if the special accommodations can or cannot be met.

PARENTAL CONSENT:

1. I give permission for the participant to have sunscreen and bug spray applied throughout the duration of any outdoor programming. I understand that sunscreen and bug spray must be provided by the family.
2. I give permission for the participant to appear in any media coverage approved by the YMCA of Southwest Michigan.

I have read and understand the registration agreement and agree to abide by all the policies and procedures stated within:

Signature: Parent/Legal Guardian

Date

LEGAL GUARDIAN INFORMATION

My participant is their own LEGAL GUARDIAN and may sign any legal documents (waivers, release forms, etc)

Yes Parent Initials: _____

Yes, I would like to be invited to the YMCA Just For You Facebook Group

My email address: _____

This form requires review every 2 years. Please sign and date below if no changes are needed:

Signature: Parent/Legal Guardian

Date

Signature: Parent/Legal Guardian

Date