

WSRA Annual Information Form

The Warren Special Recreation Association requires that an Annual Information Form to be completed yearly in order to participate in recreation programs. ****WSRA is not able to perform invasive procedures such as insulin shots, glucagon, diastat, etc.**

PARTICIPANT INFORMATION

Participant Name: First _____ Middle _____ Last _____
 Participant Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Email: _____
 Sex: M F Date of Birth: _____ Height: _____ Weight: _____
 Primary Diagnosis: _____ Secondary Diagnosis: _____
 School attending/other (work, day program): _____
 Teacher/Supervisor/Case Worker Name: _____ Phone: _____
 T-Shirt Size: Adult S M L XL XXL XXXL Child: S M L XL

PRIMARY CONTACT INFORMATION – this information will be used for all program phone calls and email communication.

Name of Contact: _____
 Phone: _____
 Email: _____

EMERGENCY CONTACT INFORMATION - Please give the name of a relative or friend within 10 minutes of our locations who can respond in case of an emergency when you cannot be reached.

Name: _____ Relationship: _____
 Home Phone: _____ Cell Phone: _____

ALLERGIES

- Food Allergies: _____ Reaction: _____
- Medication Allergies: _____ Reaction: _____
- Other Allergies: _____ Reaction: _____

Does participant carry/use an EpiPen? Yes No

DIETARY INFORMATION

- Restrictions: _____
 - G-tube: Yes* No ***If yes, please contact WSRA to complete waiver.**
 - Food Preferences: _____
- If over 21 years, can consume alcohol: Yes No Quantity: _____

MEDICAL INFORMATION - Please list all medications participant takes (if more than three, please attach list)

Medication Name	Dosage	Time	Purpose

*Any participant requiring medication during programs must complete necessary forms. Please contact WSRA.

MOBILITY/TRANSPORTATION

- Preferred pick up point (please select one): WSRA-WTC Greenleaf St. Mark's Church
- Can walk independently: Yes No
- Uses wheelchair: if yes, what type: Manual Electric
 - Transfers independently Transfers with assistance
- Uses orthopedic equipment (walker, braces, canes, AFO's): _____
- Requires a vehicle with a lift Requires staff assistance during transportation

COMMUNICATION NEEDS

- Verbal and clearly understood Verbal but not clearly understood Non-verbal
- Independent communication Assisted/Facilitated communication Uses sign language Hearing Aid
- Uses communication system (PECS, Picture schedule, talker): _____

*Is participant right-handed or left-handed? (circle one)

BEHAVIOR INFORMATION

Easily distracted If so, explain: _____
Manipulative If so, explain: _____
Self-abusive If so, explain: _____
Aggressive If so, explain: _____
Tantrums/meltdowns If so, explain: _____
Verbal outbursts If so, explain: _____
Complies with verbal requests/directions? Yes No
Responds to specific verbal/non verbal directions? Yes No
Preferred activities: _____
Least Favorite activities: _____

SAFETY

Able to say name? Yes No Able to consistently say phone number? Yes No
Does participant wander/run from group? Yes No Sometimes
Is participant responsible for own belongings? Yes No Sometimes
Can participant manage own money? Yes No Sometimes
Can participant recognize danger? Yes No Sometimes
Does participant swim? Yes No Require 1:1 assistance in the water? Yes No
Explain: _____

DAILY LIFE SKILLS (If required, please explain the nature of assistance needed)

Requires assistance eating: _____
 Requires assistance in bathroom: _____
 Requires regular bathroom schedule: _____
 Requires assistance dressing: _____
Can participant read? Yes No Somewhat Can participant write? Yes No Somewhat

SEIZURE INFORMATION:

Does participant have a seizure disorder? Yes No Date of Last Seizure: _____
Type: _____ Length: _____ Frequency: _____
Description of seizure: _____
Should 911 be called?: _____
Care Required during/after seizure: _____

ADDITIONAL INFORMATION

Please share any additional information you feel is helpful: _____

I grant photo permission for participant's picture to be taken and used in WSRA publications and/or media.

Yes No

Participant is independent and does not require supervision at conclusion of program/drop off.

Yes No

Signature of Participant/Parent/Guardian

Date