

PARTICIPANT PROFILE

Participant's name: _____

Date of birth: ____/____/____ Age: _____
D M YEAR

Height: _____ Weight: _____ Eye color: _____ Hair color: _____

Language(s) used: _____ Verbal: Non-verbal:

Receiving services from: Miriam H&S: CROM: Other (please specify): _____

Name of Educator/Social Worker: _____ Tel no.: _____

Type of residential setting: Private Home or Apt.: R.C.: R.I.: R.T.F.:

Permanent address: _____

Primary phone number (for animators' use): _____ Secondary phone: _____

Email: _____

Emergency contact person: _____ Tel. no.: _____

IMPORTANT:

PLEASE ATTACH A
RECENT
PHOTOGRAPH
HERE

REQUIRED FOR ID

DIAGNOSIS: _____

IMPORTANT: Tell us about the participant/yourself - likes and dislikes, any pertinent information our animators should know regarding personality, behavior, distinguishing physical, emotional, mental, and intellectual traits, etc. Please, attach behaviour, plan if applicable.

TRANSPORTATION ABILITIES:

Able to use public transit independently? Yes No

Familiar bus routes/frequented areas: _____

Street safety skills? Yes No Comment: _____

Transport Adapté FILE NUMBER: (if applicable) _____

LEISURE ACTIVITIES - FALL 2021

Registration Form

MEDICAL INFORMATION:

Medicare no.: _____ Expiry Date: _____

Health problems (specify):

- Cardiac Problems:
- Diabetes:
- Asthma:
- Coagulation Problems:
- Epilepsy:
 - Triggers: _____
 - Procedures: _____
- Other: _____
- Allergies: _____
 - Epi-Pen: Yes No

MEDICATIONS: Please attach a list of all medications used

During or outside of program hours: PRN, MEDICATION SOLD OVER THE COUNTER, VITAMINS, ETC.

Medication taken during program hours must be listed separately, below, and sent in a clearly labelled dosette box. We must have written notification of any medication changes when they occur:

Medication: _____ Dosage: _____ Time given: _____

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Pharmacy: _____ Tel. No.: _____

Name of treating physician: _____ Tel. No.: _____

CONSENT TO RELEASE OF PHOTOS:

I, the undersigned, authorize the Miriam Intervention/Miriam Foundation to use photographs/digital images of the participant taken during activities for promotional purposes such as letters to Foundation donors: Yes No

Signature: _____ Date: _____

(Please sign and indicate relationship to participant, i.e.: parent, tutor, guardian, etc.)

Form completed by _____ Tel. No.: _____

PAYMENT INFORMATION:

Payment amount: \$ _____ Cheque (**payable to Gold Centre**) Cash

OFFICE USE ONLY: Received ____ / ____ Payment _____

LEISURE ACTIVITIES - FALL 2021

Registration Form

LIST OF ACTIVITIES

Name: _____

ACTIVITY	DATE	TIME	COST

TOTAL COST: _____