



LEISURE ACTIVITIES FALL 2018

Participant Profile

Name of the activity: _____

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) _____

Medical Information:

Medicare no.: _____ Expiry Date: _____

Health problems (specify)

- Cardiac Problems
- Diabetes
- Asthma
- Coagulation Problems
- Epilepsy

Triggers: _____

Procedures: _____

- Other: _____
- Allergies: _____ Epi-Pen: Yes No

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 Gold Centre/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: Rec'd ____ / ____ Pymt _____
