

Please complete the form and drop it off at the GraceLand Information Desk

Information

Child/Youth/Adult's Name: _____

Age: _____ Date of Birth: _____ Gender: Male Female

Address: _____

City/State Zip: _____

Home phone: _____

Father's Name: _____

Cell: _____ Email: _____

Mothers Name: _____

Cell: _____ Email: _____

If Caregiver, relationship to child: _____

Language: Verbal Nonverbal Limited verbal Sign language

Emergency Contacts: (2 people familiar with habits and conditions)

Name _____ Phone # _____ Relation _____

Name _____ Phone # _____ Relation _____

Sibling(s) name and ages (if applicable): _____

Medical

Participant has the following diagnosis, medical condition or learning difference: _____

Current Medications: _____ Side effects: _____

Allergies: _____ Seizures: none controlled uncontrolled

If seizures occur, please describe triggers and reaction: _____

Respiratory Problems: none bronchitis pneumonia asthma Other: _____

Heart problems: _____

Need one on one assistance? Yes No

Any other medical concerns? _____

Mobility and Nutrition

Walks independently Uses a wheelchair

Uses Braces and orthotics Type: _____

Uses a different assistive device Type: _____

Falls on occasion Circumstance: _____

List any special positioning or mobility needs: _____

Toileting: independent wears diaper/pull up requires assistance:

Food allergies: _____

Special food requirements: _____

Social and Behavioral

Social Age Level: _____ Grade Level: _____

Behavioral Tendencies: Temper Tantrums, running away, yelling, biting, hitting, pushing, aversion to touch, separation anxiety,
circle all that apply difficulty following directions, doesn't like being in large groups, other: _____

Behavioral Triggers: _____

How do you handle these behaviors? _____

Things/activities he/she enjoys: _____

Things/activities he/she dislikes: _____

Enjoys music: Yes No Enjoys large group setting: Yes No

Strengths: _____

Weaknesses: _____

Best way to encourage them: _____

Best way to get and keep attention: _____

Hobbies or talents: _____

We should contact you if: _____

Please tell us anything else important that we should know: _____

If a life threatening emergency, I authorize examination and /or treatment of my child by a physician or any health care professional from medical care and services deemed necessary by Grace Bible Church, its employees and agents. I give the physician/health care professional permission to provide care, and agree to pay for any and all medical expenses incurred a result of this consent. Parent will be contacted and involved as soon as possible. Yes No