

Friendship Club

Personal Information

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Birthday: _____

Will you be coming with a support worker? Yes No

Will you be coming with Paratransit? Yes No

Do you receive support from an agency, approved private service home, or community provider? If yes, who?

What is it that _____ loves and how can we help _____ succeed?

Health Concerns

Allergies: _____

Seizures: _____

Seizure Protocol: _____

Dietary: _____

Medications: _____

Any Other Notes: _____

Emergency Contact

1st Contact Name: _____

Relationship: _____

Phone: _____ Cell Home

2nd Contact Name: _____

Relationship: _____

Phone: _____ Cell Home

Release

→ I give permission to be photographed and/or filmed for Friendship Club activity, which will only be used for Friendship Club activity.

→ I will release to Friendship Club medical information that may be necessary in case of an emergency.

Participant's Signature: _____ Date: _____

If the individual is under the age of 18, or unable to consent on their own, a parent or guardian must sign on his or her behalf.

Parent or Guardian Name: _____ Date: _____

Parent or Guardian Signature: _____