PARTICIPANT ANNUAL INFORMATION FORM

2017

The Western DuPage Special Recreation Association requires that an Annual Information Form
to be completed yearly in order to participate in recreational programs.
PLEASE PRINT and return this form: WDSRA, 116 N. Schmale Road, Carol Stream, IL 60188
or fax to: (630) 681-1262. Call (630) 681-0962 with any questions

Participant General Information

Name: ____________ Birth date: ____________ Gender: M☐ F☐

Address: ____________ City: ____________ State: ______ Zip Code: ______

Home Phone: ______ Cell Phone: ______ Email: ____________

School/Employer/Agency: ____________ Do you pay Park District taxes: Yes☐ No☐

Participant Shirt Size: ____________

Primary Program Contact Information – this information will be used for all program phone calls, calling posts, and email communication.

Name of Contact: ____________

Phone: ____________

Email: ____________

Parent/Guardian General Information

Are you your own guardian? Yes☐ No☐

Billing Address (if different from above) ____________

Third Party Payment: ____________

Mother First Name: ____________ Last Name: ____________ Cell Phone: ____________

Cell Phone Provider (for example–Verizon,Sprint,etc) ____________

Employer: ____________ Position: ____________ Phone: ____________

Father First Name: ____________ Last Name: ____________ Cell Phone: ____________

Cell Phone Provider (for example–Verizon,Sprint,etc) ____________

Employer: ____________ Position: ____________ Phone: ____________

Emergency Contact

Please give the name of a relative or friend who can respond for your family member in case of an emergency when you cannot be reached.

Name: ____________ Relationship: ____________

Home Phone: ____________ Cell Phone: ____________

Disabilities

Primary: ____________ Secondary: ____________

Adaptive Equipment (check which ones apply):

N/A-Ambulatory ☐ Wheelchair: Electric ☐ Manual ☐ AFO/Splints/Braces ☐ Cane/Crutches ☐ Walker ☐
Other: ____________

If participant uses a wheelchair a transfer plan form must be completed
Special Instructions on Orthopedic Equipment ____________

Hard of Hearing/Deaf

Which ear? ______________________ Wears hearing aid in which ear? ______________________

Needs a sign language staff during programs? Yes ☐ No ☐

Communication

Verbal and clearly understood ☐ Verbal but not clearly understood ☐ Non–verbal ☐

Able to Read ☐ Able to Write ☐ Uses Communication Board/Book? Yes ☐ No ☐

Uses iPad to communicate Yes ☐ No ☐ Other communication devices ______________________

Uses sign language? Yes ☐ No ☐ Uses homemade sign language? Yes ☐ No ☐

Allergies

Allergy	Reaction	Treatment

Dietary Restriction

Please list any dietary restrictions: ______________________

Medication/Medical

Please provide us with a list of the current medication being taken. This information is used in emergency situations. If medication is given at a program, an additional form needs to be completed. Any prescription or over the counter medication taken during WDSRA programs/trips must be in a WDSRA medication envelope. Each envelope must be labeled with Participant name, date, time to be taken and the number of pills. IF TAKING MORE THAN EIGHT MEDICATIONS, PLEASE ATTACH A SEPARATE SHEET WITH THE INFORMATION

Medication Name:

1. ______________________ 5. ______________________
2. ______________________ 6. ______________________
3. ______________________ 7. ______________________
4. ______________________ 8. ______________________

Can you/participant self administer their medication? Yes ☐ No ☐

Permission for WDSRA staff to administer medication during program/trips? Yes ☐ No ☐

Doctor Restrictions: ______________________

Seizure Information

Does the participant have seizures? Yes ☐ No ☐

If yes, a seizure questionnaire must be completed.

Please know that if there are any medical concerns (including but not limited to, Grand Mal Seizure), 911 will be called.

Daily Living Skills

Can Eat:

☐ Independently	☐ Independently with reminders	☐ Only with assistance
☐ Cannot feed self	☐ Cannot choose and order meals	☐ Unable to follow prescribed diet
☐ Unable to cut own food	☐ Doesn't know food to avoid	☐ Does not chew food completely

Additional info: ______________________________

Can Toilet:

☐ Independently	☐ Independently with reminders	☐ Only with assistance
☐ Cannot manipulate clothing	☐ Transfers on/off toilet	☐ Unable to sit on toilet
☐ Unable to manipulate & use toilet tissue	☐ Uses modified adult undergarment	☐ Females: Assistance needed with menstrual care

Additional info: ______________________________

Able to manage spending money? Yes ☐ No ☐ Explain: ______________________________

Behavioral

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 and directions? Yes ☐ No ☐
Responds to specific verbal/non-verbal directions? Yes ☐ No ☐
Responds to positive reinforcement? Yes ☐ No ☐

Sensory

Does participant have sensitivity issues? Yes ☐ No ☐ Please describe: ______________________________
Does participant seek sensory input? Yes ☐ No ☐ Please describe: ______________________________
Does participant use visual supports? Yes ☐ No ☐ Please describe: ______________________________

Releases

If over 21, permission for participant to consume alcohol during program/trip? (2 drink maximum) Yes ☐ No ☐
Permission for WDSRA staff to allow participant to remain after programs independently? Yes ☐ No ☐
Permission for WDSRA to print participant name, address, birthdate, phone number in a Phone Book and/or Athletic Team Roster to share with other participants ? Yes ☐ No ☐

Swim Information

Does participant know how to swim? Yes ☐ No ☐ Use flotation device? Yes ☐ No ☐ Use ear plugs? Yes ☐ No ☐
Is participant allowed to swim in deep water? Yes ☐ No ☐

Helpful Suggestions

Share any information that would help WDSRA to work successfully with your son/daughter regarding communication, fears, positive reinforcement suggestions, behavior management, and other helpful hints. Please attach a separate piece of paper if needed.

Demographics – Grants help us keep the cost of programs down. Some of our grant applications require that we provide demographic information on the families/participants that use our services. This information is used for grant purposes only. This section is optional.

Please circle household size & follow the line to circle income level	Column A Is your household income this amount or less?	Column B Is your household income greater than Column A but no greater than this amount?	Column C Is your household income greater than Column B but no greater than this amount?	Column D Is your household income this amount or higher?
1	$16,150	$26,950	$32,340	$43,050
2	$18,450	$30,800	$36,960	$49,200
3	$20,750	$34,650	$41,580	$55,350
4	$23,050	$38,450	$46,140	$61,500
5	$24,900	$41,550	$49,860	$66,450
6	$26,750	$44,650	$53,580	$71,350
7	$28,600	$47,700	$57,240	$76,300
8 or more	$30,450	$50,800	$60,960	$81,200

Ethnicity(check all that apply):

☐ I do not wish to furnish this information ☐ Hispanic or Latino ☐ Non-Hispanic or Latino

Race:

☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander
☐ Asian ☐ White ☐ Black or African American

REQUIRED

PRINT PARTICIPANT NAME or Parent/Guardian (if under 18)

PARTICIPANT SIGNATURE or Parent/Guardian (if under 18) **DATE**