

# Children's Dispensary Inc Registration Form

Date of Completion: \_\_\_\_\_

## Participant Information

Sex:  Male  Female

Last: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

T-shirt Size: YS YM YL YXL AS AM AL AXL AXXL

## Parent or Legal Guardian Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_

Emergency Phone Numbers: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

What behavioral concerns should we be aware of about your child? \_\_\_\_\_

\_\_\_\_\_

What modifications work best in redirecting your child? \_\_\_\_\_

\_\_\_\_\_

Does your child have a behavioral plan? \_\_\_\_\_ If so, please attach a copy.

What are your child's particular interests? \_\_\_\_\_

\_\_\_\_\_

What issues would you like our staff to address? \_\_\_\_\_

\_\_\_\_\_

Child's Physician: \_\_\_\_\_

Child's Diagnosis: \_\_\_\_\_

**LACK OF FULL DISCLOSURE MAY RESULT IN DISMISSAL FROM PROGRAMS.**

Signature Parent/Gaurdian

Date

**Emergency Information**

(please attach copy of insurance card)

Please give information an **EMT** may need to know in the event of an emergency.

**Medications:**  Yes  No

Times Given: \_\_\_\_\_

If yes, please list all (or include med sheet): \_\_\_\_\_

**Seizures:**  Yes  No

If yes, please specify: \_\_\_\_\_

**Dietary Restrictions:**  Yes  No

If yes, please specify: \_\_\_\_\_

**Other Information:** (i.e., walking ability, restroom assistance, eating/sleeping habits, wandering, standing ability, allergies, allergies, diabetic, asthma) \_\_\_\_\_

**Hospital Preference:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  Special Ed  Resource Room  General Education

Please check the following that describes your child:

- Allergies (Food, bees, etc) \_\_\_\_\_
- Has difficulty processing instruction
- Has difficulty controlling temper
- Likes arts and crafts
- Has difficulty paying attention
- Needs motivation to interact
- Controls temper
- Pays attention to tasks
- Cooperative
- Defiant attitude
- Makes friends easily
- Likes to sing
- Plays Sports
- Follows directions
- Enthusiastic
- Likes music
- Plays in groups
- Withdrawn
- Outgoing
- Energetic

Coordination difficulties (list) \_\_\_\_\_

Communication problems (list) \_\_\_\_\_

**Children's Dispensary Inc Release**

Participant's Name: \_\_\_\_\_

I, the undersigned, authorize medical personnel to provide treatment for the above named individual in the case of injury or illness occurring during a CHILDREN'S DISPENSARY INC sponsored program or activity. It is my understanding that I (or my contact person) will be notified as soon as possible in the event of an injury or illness.

I, the undersigned, will not hold CHILDREN'S DISPENSARY INC, Staff, or anyone Volunteering for CHILDREN'S DISPENSARY, INC, responsible in case of injury or accident related to activities provided for the above named individual as part of a program and /or service provided by CHILDREN'S DISPENSARY INC.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Statement of Parental Consent Photos**

Permission is granted to the CHILDREN'S DISPENSARY, "A PLACE TO BE ME", and its representatives to photograph, film, or videotape/ audiotape my child and to use, publish and release for publication these materials as they relate to the programs. The name of such persons in these materials may be used in connection with the above, with the understanding there will be no exploitation of the child, and that any materials used should conform to standards of good taste.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\*Please complete Sign-up Sheet for Current Programs.\*\*\***