Communitas Recreation
Emergency Fact Sheet for Participants

Please print clearly. Make sure to sign the medical release on reverse.

Name: ___________________________ Date of Birth: _____/_____/_______

Sex: M ___ F___ Please Describe Disability: __________________________

Address: ________________________City/State/ZIP: ___________________

Home Phone: (   ) _________________ Email: _____________________

Parent / Guardian: ____

Address: _________________________City/State/ZIP: __________________

School/Day Program/Other: ____

In case of emergency, please notify: (different from home phone)

Contact 1:________________________ Phone: (   ) _________________

Contact 2:________________________ Phone: (   ) _________________

Health Insurance Company: _____________________ Policy#____________

Physician's Name and Phone: ___________________________________

Activities of Daily Living:

Communication: ___Verbal ___Verbal with adaptive equipment ___Gestures

__Sign Language __Communication board or book ___Non-Verbal ___Other

Comments: ____

Eating: __ No Assist ___ Partial Assist ___Total Assist

Comments: ____

Mobility: __Independent __With Support ___Equipment (please specify)

Comments: ____

Toileting: __ No Assist ___ Partial Assist ___Total Assist

Comments: ____

Please describe any physical restrictions: ____________________________

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Significant behavior characteristics: ________________________________

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Please describe strategies to promote positive behavior: ________________

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Safety awareness in community settings: ______________________________

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Will you be accompanied by a Personal Care Assistant or family member? Yes__No__

If yes, please contact Recreation so we can make appropriate accommodations.

Participant's Identifying Information:

Eye color: ______________________

Hair Color: _____________________

Height: ________________________

Weight: _______________________

Identifying Marks: ______________

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Please attach a recent photograph

Office Use: ☐ .

Medical Information and History

Please let us know if you have any chronic conditions or illnesses that may affect your participation in recreation programs:

	Yes	*No*
Seizures	☐	☐
Diabetes	☐	☐
Fainting Spells	☐	☐
Hypertension	☐	☐
Heart Condition	☐	☐
Kidney Problems	☐	☐
Hepatitis	☐	☐
Stomach Ulcers	☐	☐
Chest Pain/Pressure	☐	☐
Shortness of Breath	☐	☐
Asthma	☐	☐
Dizziness	☐	☐
Muscle Cramps	☐	☐
Broken Bones	☐	☐
Cold/Heat Sensitivity	☐	☐
Sensory Loss	☐	☐
Vision Impairment	☐	☐
Hearing problems/aid	☐	☐
Other____________	☐	☐

If you have checked off "yes" for any of the previous items, please explain below. Include the following:

- What specific symptoms occur
- How often symptom/condition occurs
- How long symptoms/conditions last
- How you care for symptom/condition
- How symptom/condition restricts you

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Current Medications:

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Allergies (medical or other):

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*****Please sign the release form on the back of this sheet and mail to:**

Communitas Recreation
60-D Audubon Road, Wakefield MA 01880

Anything else we should know about you?

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Communitas Recreation

Release Form for Participants

(Please note: Signed release required before individual may participate in any Recreation programs!)

I, the undersigned, represent and warrant that, to the best of my knowledge and belief, I/my ward is physically and mentally able to participate in Communitas Recreation. I understand that if I/my ward have/has Down Syndrome, I/he/she cannot participate in sports or events which by their nature result in hyperextensions, radical flexion or direct pressure on the neck or the upper spine (i.e. gymnastics, alpine skiing, diving, equestrian), unless a full radiological examination establishes the absence of Atlantoaxial Instability.

If a medical emergency should arise during participation in any Communitas Recreation program and I am not able to give my consent, for whatever reason, I authorize the organizers to take whatever measures are necessary and which it deems advisable to protect my/my ward's health and well being, including but not limited to first aid, ambulance transport, and/or hospitalization.

I have read and fully understand the provisions of the above release and/or have explained the provisions to my ward. I understand that, through my signature of this release form, I am agreeing to the above provisions on my own behalf or on behalf of my ward, and hereby give my permission for my ward to participate in Communitas Recreation.

I for myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against the sponsors, organizers and any individuals associated with the event, their successors and assigns and will hold them harmless for any and all injuries suffered in connection with Communitas Recreation. I have read and agree with the Recreation Policies found on the registration form.

This form is valid for one year from date of signature.

___________________________________ ____________________

Signature of participant (if own guardian) Date

___________________________________ ____________________

Signature of parent / guardian (if applicable) Date