



Independence Assessment and Health & Emergency Information For Teen and Adult Participants

Please complete all sections of this form. The form must be on file in order to participate in any DSAOC Teen & Adult event when parent/guardian is not present. Periodic updates to this form may be requested.

Part A: Participant Information

Name _____

Address _____

Home Phone _____ Participant Cell Phone _____

Participant Email _____

Parent or Guardian Name(s) _____

Parent/Guardian Phone _____ Parent/Guardian Email _____

Parent/Guardian Address if different from above _____

Descriptive Information

___ Participant has Down syndrome

___ Participant has other disability(ies) – Diagnosis or Description: _____

Date of Birth _____ Height _____ Weight _____ Eye Color _____ Hair Color _____

Other Identifying Characteristics (mention glasses, hearing aid, etc...) _____

Legal & Living Status

Legal Status ___ *Conserved* ___ *Not Conserved*

If conservator is other than parent, please provide the following:

Conservator Name _____

Address _____

Phone Number: (____) ____ - _____ Cell: (____) ____ - _____

Living Status ___ *Independent* ___ *Supported Living*

 ___ *Home with Parents/ Family* ___ *Group Home*

Physician Information

Physician Name _____ Physician Phone _____

Physician Address: _____

Additional Emergency Contact (must be a local contact person):

Name _____ Relationship to the Participant _____

Address _____

Phone _____ Alternate Phone _____

Part B: Support Assessment

We appreciate your honest evaluation of the participant's need for support during our activities and programs, to ensure safety and success. DSAOC reserves the right to determine participant suitability for programs on a case by case basis.

Please check one:

- 1. Participant is independent and travels in his/her community unassisted. He/she will navigate an event site once familiar with the layout, follow directions readily and will probably be of assistance to others attending an event. He/she will leave the event at its close and will not need to wait to be picked up by a parent/guardian after events.
NOTE: You or the participant will be asked to sign a pass release form for certain events.
- 2. Participant is comfortable in group situations and typically adjusts to new situations well. He/she may need support navigating to different locations at an event site. He/she responds well to verbal directions and is usually cooperative. Participant does not need one-on-one assistance, but requires supervision. Participant will need to be picked up by an authorized individual at the end of the event.
- 3. Participant is less confident in large group settings. He/she may be anxious about attending something new and may need the support of a consistent familiar face in order to adjust. Participant will need assistance navigating to different locations at event site. One-to-one assistance may be necessary for participant to participate in activities successfully and to stay on task. Participant may or may not have challenging behaviors. Participant will need to be picked up by an authorized individual at the end of the event.
- 4. Participant requires one-on-one assistance by a familiar support person to assure safety. Participant might unexpectedly attempt to leave site requires one to one assistance by a support person to assure safety. Or he/she may have other challenging behaviors and/or health issues. He/she will need to wait to be picked up by a parent or guardian at the end of the event. Participant will need to be picked up by an authorized individual at the end of the event.
NOTE: Support needs will be discussed with you to determine participant suitability for program type.
 - Check here if you can provide an one-on-one assistant for the participant

Support Suggestions Please complete all that apply.

1. Restroom -- Please check one:

- Will not require assistance getting to & from the restroom.
- Please provide escort to & from restroom.
- Please provide escort to and from restroom and support in restroom.

Please describe the level of support required:

2. What specific supports would help participant during events & activities?

3. If participant expresses frustration or anxiety by demonstrating challenging behaviors, what would those behaviors look like and what specific strategies would likely help alleviate frustrations/anxieties to prevent challenging behaviors?

4. What specific responses help when challenging behavior occurs?

Part C: Safety and Health Information

1. Communication

Please check one:

- Participant's speech is intelligible, even by those new to him/her
- Participant's speech may not be understood by people who don't know him/her
- Participant does not use speech or uses very limited speech to communicate
 - Uses sign language: __ASL __SEE __ Gestures (check all that apply)
 - Uses an augmented communication device. Please describe:

2. Health and Dietary Information -- Please check all that apply:

- Gluten-free diet
- Diabetes
- Casein/lactose intolerance
- Severe Allergies, please list _____
- Physically-limiting heart condition
- Asthma
- Seizures
- Hearing impairment
- Visual impairment – Please describe: _____
- Limiting physical disabilities (wheel chair/ walker) - Please describe:

- Participant has no health problems that affect normal daily activity.
- Participant has no special dietary needs

Is participant capable of monitoring his or her own diet for diabetes, milk allergies, gluten sensitivities and/or appropriate portion size? Circle one: Yes No

Medications: Please list all medications, including amount taken, and time(s) taken:

Name	Amount	When Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is participant capable of monitoring and administering his or her own medication?
Circle one: Yes No

Please note: Event Staff are unable to administer medications.

Please provide additional information regarding seizures, allergies, food allergies, special diet, medications or other health related information pertinent to participating in DSAOC activities.

Please list anything else that you feel would be helpful for staff or volunteers to know regarding the participant:



Liability Release and Photo Consent Form

In consideration of participation in Programs with DSAOC, for myself and (if I am not the Program participant) and on behalf of the Program participant identified below, I hereby expressly release and discharge DSAOC and its predecessors and successors in interest, subsidiaries, affiliates, and its past and present directors, officers, agents, servants, employees, representatives, administrators, assigns, contractors and volunteers (collectively, the "Releasees") from any and all claims for damages, injury and/or equitable relief, including without limitation workers' compensation claims, that may arise out of or be related to participation in the Program, to the maximum extent permitted by law now or in the future, and I expressly waive such claims.

I further agree, on behalf of the Program participant and/or on my own behalf, that I/he/she will indemnify and hold harmless Releasees from any loss, damage, claim or liability, including attorneys' fees, incurred by reason of participation in the Program.

In addition, I grant permission, (both during and any time after), to DSAOC to use my/his/her likeness, name, voice or words in either television, radio, film, newspaper, magazines electronic media and in any other form for of advertising or communicating the purpose and activities of DSAOC and/or applying for funds to support these purposes and activities.

I acknowledge that I have read the above statements and understand their contents, and that I agree to such terms and conditions. _____(please initial)

Print Name of Participant

Signature of Participant (18 and older)

Date

Print Name of Parent or Guardian

Signature of Parent or Guardian

Date