



REGIONAL AUTISM CENTER
AT LOGAN
 2505 E. JEFFERSON BOULEVARD
 SOUTH BEND, IN

DATE: _____
 (Update 1 year from the above date)

Participant Information:

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Date of Birth: _____
 Primary Disability: _____ Secondary Disability: _____
 Mailing List: Yes No Sex: Male Female
 Email address: _____

How does your child communicate? _____
 Highly Verbal Limited Speech Non-Verbal

Other imperative information to better serve your child: (attach sheet if necessary) _____

Parent, Legal Guardian, or Agency Information:

(First contact in event of an emergency, behavior, or if ride is needed)

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____ Email address: _____

Emergency Contacts:

(Someone other than parents or guardians)

1. Name: _____
 Emergency Phone Numbers: _____
 Relationship to Participant: _____

2. Name: _____
 Emergency Phone Numbers: _____
 Relationship to Participants: _____

Emergency Information:

(Autism Center staff does not administer medications; 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 medications (or include med sheet) _____

Seizures: Yes No

If yes, please specify & contact Laura Christensen for a Seizure Action Plan Form.

Dietary Restrictions: Yes No

Allergies: Yes No

If yes, please specify: _____

Other Information:

Does your child have special needs in the areas of eating, toileting, and/or dressing? Please explain and attach sheets as needed. _____

Does your child have problems with behavior management; need a one-on-one assistant, etc.? Please describe and attach any current behavior management being used.

Hospital of Preference: _____

LOGAN RECREATION SERVICES
RELEASE FORM

Participant's Name:

I, the undersigned, authorize medical personnel to provide treatment for the above individual in the case of injury or illness occurring during a LOGAN Recreation 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 LOGAN, LOGAN staff, or anyone volunteering for LOGAN, 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 LOGAN Recreation Services.

Name: _____ Date: _____

(Signature of emancipated adult, parent, guardian, or agency official)

I, the undersigned, give my consent to LOGAN to photograph/video my child to use such photographs/video in connection with promoting/advertising the services that LOGAN provides.

Name: _____ Date: _____

(Signature of emancipated adult, parent, guardian, or agency official)

