

L I T T L E R O C K



Parks & Recreation

Please return to :
Little Rock Parks and Recreation
Therapeutic Recreation Division
500 W. Markham Suite 108
Little Rock, AR 72201
Phone: 501-918-5359
Fax: 501-371-6832

**THERAPEUTIC RECREATION PROGRAMS
PARTICIPANT INFORMATION FORM**

PARTICIPANT INFORMATION DATE ____/____/____

NAME: _____

ADDRESS/CITY/ZIP CODE: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ AGE: _____ SEX (M/F) _____

TELEPHONE (DAY/EVENING): _____

PRIMARY DISABILITY/DIAGNOSIS: _____

DATE OF ONSET: _____

SECONDARY DISABILITY/DIAGNOSIS (IF ANY): _____

SCHOOL/WORKSHOP/EMPLOYER: _____

GROUP HOME NAME / TELEPHONE: _____

PARENT/ GUARDIAN INFORMATION

NAME(S): _____ CUSTODIAL? YES ____ NO ____

ADDRESS/CITY/ZIPCODE: _____

WORK PHONE: _____ HOME PHONE: _____

NAME(S): _____ CUSTODIAL? YES ____ NO ____

ADDRESS/CITY/ZIPCODE: _____

WORK PHONE: _____ HOME PHONE: _____

EMERGENCY INFORMATION

EMERGENCY CONTACT: NAME _____ PHONE # _____

DOCTOR: NAME _____ PHONE # _____

HEALTH INFORMATION

AMBULATORY: YES _____ NO _____ VERBAL: YES _____ NO _____

SEIZURES: YES _____ NO _____ TYPE: _____

COMMUNICABLE DISEASE: YES _____ NO _____ TYPE: _____

DIETARY RESTRICTIONS: _____

SPECIAL EQUIPMENT (WHEELCHAIR, HEARING AIDS ETC.): _____

SPECIAL NEEDS (TOILETING, DRESSING, EATING, ETC.): _____

COMMUNICATION METHOD (VERBAL, SIGN, BOARD, ETC.): _____

BEHAVIORS EXHIBITED: _____

WHAT TYPE OF BEHAVIOR MANAGEMENT OR REDIRECTION WORKS BEST? _____

LIST ANY MEDICATIONS YOU/YOUR CHILD IS TAKING: _____

LIST ANY ALLERGIES YOU/YOUR CHILD HAS: _____

PLEASE LIST ANY OTHER INFORMATION THAT YOU FEEL IS IMPORTANT FOR US TO KNOW TO PROVIDE A MORE ENJOYABLE EXPERIENCE FOR YOU / YOUR CHILD: _____

PHOTO PERMISSION:

I AUTHORIZE THE USE OF PHOTOGRAPHS OR DESCRIPTIONS OF ME OR MY CHILD IN NEWSPAPERS, PUBLICATIONS, SLIDE PRESENTATIONS OR DISPLAYS DESIGNED TO PROMOTE THE SERVICES OF THERAPEUTIC RECREATION.

_____ YES _____ NO _____
SIGNATURE OF PARTICIPANT, PARENT OR GUARDIAN DATE

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT:

I AUTHORIZE LITTLE ROCK PARKS AND RECREATION TO ARRANGE FOR EMERGENCY MEDICAL TREATMENT, IN THE EVENT OF AN INJURY TO ME OR MY CHILD, AND IN THE EVENT THAT I OR LITTLE ROCK PARKS AND RECREATION CANNOT REACH DESIGNATED EMERGENCY CONTACT.

SIGNATURE OF PARTICIPANT, PARENT OR GUARDIAN DATE