



**SUMMER DAY ACTIVITIES REGISTRATION
AND INFORMATION FORM**

521 Market St., #17
Parkersburg, WV 26101
422-3151, ext. 107

Participant's Name: _____ Nickname: _____

Address: _____

City: _____ County: _____ Zip: _____

Phone: _____ Date of birth: _____

Parent or guardian: _____ Daytime phone: _____

In case of emergency and the parent can't be reached, contact:

Name: _____

Phone: _____

Student's Medical Diagnosis: _____

Identify any conditions or special needs, fears, allergies or similar things we should know about:

Physician: _____ Hospital Preference: _____

Insurance carrier or medical card number: _____

Medications or special procedures that need to be given between 8:30 am and 2:30 pm:

Medication name	Time	Dose	Comments
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Circle all of the following equipment your son/daughter uses:

Wheelchair crutches walker back brace leg brace glasses
Hearing aid catheter special eating equipment other: _____

Can he/she take care of their equipment or do they need assistance? _____

Can he/she feed him/herself? _____ Yes _____ No
Can he/she swim? _____ Yes _____ No
Does he/she mind being in groups? _____ Yes _____ No
Does he/she have seizures? _____ Yes _____ No if yes,
when was the last seizure? _____ How frequent? _____
Describe how your child communicates: _____

Does he/she have any toileting or personal care needs: _____ If so, what? _____

Does he/she have any food allergies? _____ If so, what? _____

Does he/she choke easily? _____ Yes _____ No

Describe any walking or physical activity concern: _____

If my child is accepted into the summer day program, I would be able to pay \$_____ per week.

In case of emergency, every effort will be made to contact the persons listed. Minor injuries requiring first aid will be treated by program volunteers or staff. If you have any special instructions, please add them to the form below.

The Arc will not be responsible for any jewelry or valuable equipment.

Activities will include transportation by personal or rented vehicles, recreation and learning activities within Jefferson Center and in community locations, swimming, field trips and other activities. I also give permission for pictures to be taken of my child. These pictures will be used for The Arc's scrapbook, newsletter and similar purposes.

I _____ (parent/guardian) give permission for my child, _____ to participate in any and all activities of The

Arc's summer day activities program except those listed here: _____

Sign: _____ Date: _____

Notary Public

My commission expires: _____