



Confidential Participant Information Form

Personal information on this form is collected pursuant to Section 11 of the Municipal Act, 2001 and will be used to determine the personal care needs of the participant. Questions about this collection should be directed to the City's Freedom of Information Coordinator at 50 Centre Street South, Oshawa, Ontario, L1H 3Z7, by phone at 905-436-3311 or by email at clerks@oshawa.ca.

Participant Information

Last Name	First Name	Birthdate	Age
Special Needs			

Parent/Guardian #1

Last Name	First Name	Email
Home Phone Number	Work Phone Number	Cell Phone Number
Address		
City	Postal Code	Nearest Intersection

Parent/Guardian #2

Last Name	First Name	Email
Home Phone Number	Work Phone Number	Cell Phone Number
Address		
City	Postal Code	Nearest Intersection

Associated with an Agency or Worker- Emergency Contact Information

Name of Agency	
Name of Worker	Phone Number
Name of Emergency Contact	Phone Number

Medical Information

Child's Medical Condition

Physician's Name

Telephone Number

Medication: If Medication is required during program times, a Medication Administration Request Form must be completed.

Does your child have seizures? Yes No
If yes, are they controlled by medication? Yes No

Describe your child's seizures (indicate frequency) and how they are handled:

Does your child have allergies? Yes No
If yes, describe:

Does your child have any food restrictions? Yes No
If yes, describe:

Mobility/Physical: Where applicable indicate **independent or requires support**

Gross Motor: Describe mobility – crawls – walks – walks with aids – mobile with wheelchair- transfers from wheelchair

Fine Motor Skills:

Hearing Capabilities:

Visual Capabilities:

I authorize staff to assist my child with any transfer/mobility needs

Activities of Daily Living/Basic Care: (indicate independent or requires support)

Eating/Drinking:

Dressing/Undressing:

Toileting: Trained Wears Diapers Assistance with getting on/off toilet

I authorize staff to assist my child with any toileting needs

Communication:

Receptive Language – Understands verbal conversation Follows simple instructions

Understands 2-3 ideas in a sentence

Comprehension – Ability to follow verbal instructions:

Expressive Language/Speech – Participates in conversation:

Expresses oneself by using:

Words:

Sounds:

Gestures:

Signing:

Bliss Board:

Does your child read or write?

To what degree?

Social Development:

Where applicable indicate **usually, sometimes or rarely** and give specifics

How your child deals with transitions:

Cooperates with leader:

Cooperates with selected others in-group:

Willing to participate in new situations:

Prefers to be alone- displays intermittent social withdrawal:

Prefers being with staff/adults:

Prefers being with friends/peers:

How your child relates to peers:

Ability to interact socially with peers:

Readily participates in small groups:

Behaviour:

Does your child have a tendency to be:

Type of behavior	Check if applicable	Details
Withdrawn	<input type="checkbox"/>	
Sensitive	<input type="checkbox"/>	
Self-Confident	<input type="checkbox"/>	
Aggressive	<input type="checkbox"/>	
Enthusiastic	<input type="checkbox"/>	
Social	<input type="checkbox"/>	
Outgoing	<input type="checkbox"/>	
Moody/Unpredictable	<input type="checkbox"/>	
Attention Seeking	<input type="checkbox"/>	
Easily Frustrated	<input type="checkbox"/>	
Self-Abusive	<input type="checkbox"/>	
Abusive to Others	<input type="checkbox"/>	

Does your child display disruptive or inappropriate behavior? If yes, indicate the nature of the behavior and what techniques teachers and family use to deal with it.

Are there activities that create frustration for your child?

Does your child wander or run from group activities? How should we deal with this?

Environmental Concerns:

Routine /Patterns

Personal Space:

Fears (i.e. loud noises)

Fixations (i.e. water):

Needs:

What needs does your child have in relationship to their participation in the recreation program?

What goals would your child be striving towards in the program and how can we help?

What are your (parent/guardian) expectations for accomplishments?

Participant's Interests:

Likes/dislikes and favourite activities:

Previous recreation activities:

Involvement in activities outside of school/work:

Any activity restrictions or limitations:

Swimming experience/ability – any adverse reaction to temperature change:

How will your child access the program? (Bus, car, other)

Additional Comments:

Parent/Guardian Signature

Date

To be completed by staff:

Meets Participation Criteria: Yes No

Program Requested:

Program Recommended:

Staff Support:

Staff assigned to participant:
