

Participant Information Form

Last Name	First Name		Nickname
Birthdate	Sex	Diagnosis	
Participant Phone (if applicable)	Participant Email (if applica		cable)
Address			
City	State		Zip
	Ра	rent/Guardian 1	
First Name	Last Na	me	Relationship
Cell Phone	Work P	hone	Home Phone
Parent/Gua		rent/Guardian 2	
First Name	Last Na	me	Relationship
Cell Phone	Work P	hone	Home Phone
Emergency Contact (When Parent/Guardian cannot be reached)			be reached)
First Name	Last Na	me	Relationship
Cell Phone	Work P	hone	Home Phone

PARENT/GUARDIAN AUTHORIZATION

(Please do not cross out any portion of this authorization. This statement must be approved in its entirety). The information in this application is correct as far as I know. The applicant has permission to take part in all North East Westchester Special Recreation, Inc. activities, to include swimming, as noted by me or by the examining physician. I understand that every attempt will be made to contact me in case of an emergency. In the event I cannot be reached, I give consent to emergency transportation, x-rays, medical treatment(s), surgery or dental care for above applicant. I agree to assume responsibility for charges so incurred. I give North East Westchester Special Recreation, Inc. permission to have access to school or work records. (All information will remain confidential.) I understand that photographs/videos taken at North East may be used by the agency for promotional purposes and documentation of specific activities. We are continually assessing our programs and those who participate in them. When we conduct our initial intake, we will discuss with you the fact that we reserve the right to change placement as we deem appropriate; although we will discuss this with those involved, the final decision will be made by North East.

(Parent/Guardian Signature)



Municipality where you pay your Town/Village Taxes: ______

	Parent/Guardian 1 Email	
Email		
Parent/Guard	ian 1 Address (if different from Participar	nt)
Address		
State	Zip	Zip
Parent/Guardian 2 Email		
Email		
Parent/Guard	ian 2 Address (if different from Participar	nt)
Address		
City	State	Zip

Medical Insurance Information			
Company		Policy/Claim Number	
Phone	Address	L	

Residence	ce & Sponsor	ring Agency (Group Home (Only)
Residence			
Care Manager			
		I	
Primary Phone		Primary Email	
Address			
City	State		Zip



63 Bradhurst Avenue Hawthorne, NY 10532 Phone: 914-347-4409 | Fax: 914-347-5054 www.northeastspecialrec.org

Behavior Considerations

Behavior/General Disposition	:	
□ Generally Easygoing	\Box Unsure of New Situations	□ Wanders
🗆 Helpful	Temper Tantrums	□ Shy/Withdrawn

Day Involvement:

...

School/Agency/Workshop	
Address	
Contact Person	
Title	Phone

Health Considerations

Describe Any:			
Allergies:			
🗆 Epi-Pen: 🗌 Yes 🗌 No)		
□ Seizure History: □ Grand	Mal 🗌 Petite	Mal 🛛 🗆 No Histo	vry
Dietary Restrictions:			
□ Visual Impairments:	🗆 Blind	□ Glasses	□ N/A
Hearing Impairments:	□ Hearing Aids	🗌 Deaf	□ N/A
\Box Ambulatory Deficits:	Wheelchair	□ Walker	□ N/A
\Box Other Physical Limitations:			
Physician's Name:		Phone:	
Physician's Address:			
Please List Medications Used and the	neir purpose:		

ROWTH EAGS		Phone: 914-	r Special Recreation, Inc. 63 Bradhurst Avenue Hawthorne, NY 10532 347-4409 Fax: 914-347-5054 ww.northeastspecialrec.org
	LEISURE IN	TEREST FINDER	
		e interesting to the participant)	
_	· •	s & Physical Activities	_
Bowling	Rock Climbing	Billiards	Swimming
Gymnastics	Basketball	Aerobic Dancing	Sleigh Riding
🗆 Archery	Fishing	🗆 Bike Riding	🗆 Hiking
Roller-Skating	Gardening	Ice Skating	🗆 Skiing
🗆 Walk	Softball	Ping Pong	🗆 Jog/Run
Horseback Riding	🗆 Hockey	Football	□ Soccer
	Social. Creative	& Expressive Activities	
☐ Visit with Friends	Dance	Listening to Music	Nature Study
\Box Write Letters	□ Shopping	□ Arts & Crafts	
□ Attend Parties	Eating Out		Musical Instruments
□ Volunteering	□ Table Games	Dramatics	Photography
Attend Community E		□ Writing Poems/Storie	• • •
		0 0 0 0,000	
		t Activities	
□ Keep Collections □ Other Activities:	□ Reading	□ Sleeping/Resting	Watch T.V.
(Please		NFORMATION ection, so we can better serve yo	pur child)
Family Composition:			
 Are both parents living Names & Ages of sibling 	-	□ No	
3.) Names & Ages of sibli	ngs living away from hon	ne:	

4.) Disabilities/special needs of other family members in home:

5.) Other family members living in home: _____



Parent/Guardian Employment (Optional):

	Parent/G	uardian 1 Employe	er	
First Name	Last Name			Relationship
Business			Position	
Address				
City	State	Zip	Phone	
Parent/Guardian 2 Employer				
First Name	First Name			First Name
Business	Business			
Address				
City	City		City	

Community Service Involvement (Optional):

Please list organizations, clubs, boards, etc. on which you currently serve or have served in the past:

Organization	Role	Dates

Family Leisure Information:

Please list activities that the family enjoys doing together:

your skills with North East? \Box Yes	□ No
Music Skills	🗌 Group Leadership
Homemaking Skills	Sports Skills
-	·
	□ Music Skills