



Channahon Park District Annual Information Form

In order to participate in Special Recreation programs at Channahon Park District, an Annual Information Form must be filled out. This form will help us to better meet the needs of our participants. **This form must be filled out every year to ensure that the information is up to date.** Whenever participant information changes, this form must be updated. Please return this form to the Channahon Park District: 24856 W Eames St, Channahon, IL 60410 or email it to: cmartinez@channahonpark.org

Participant Information:

First Name: _____ Last Name: _____
Is participant his/her own guardian? Yes No
Address: _____ City: _____ State: _____ Zip code: _____
Phone Number: _____ Email: _____
Date of birth: _____ Gender: M F Height: _____ Weight: _____
Hair color: _____ Eye color: _____ School/place of employment: _____
Primary disability: _____ Secondary disability: _____

Medical Information:

Current medications: (dose & frequency)

Allergies: _____ Dietary restrictions: _____
Is participant subject to seizures? Yes No Type and frequency: _____
Date of last Seizure: _____ Seizure trigger or warning signs: _____
What to do in the event of a seizure? _____

Parent/Guardian Contact Information:

First Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip code: _____
Home phone #: _____ Cell: _____ Work: _____
Email: _____

Emergency Contact:

First Name: _____ Last Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip code: _____
Cell phone number: _____ Work phone number: _____ Email: _____

***Group Home Clients Only:**

Group home/Residential Facility: _____ Case manager: _____
Phone number: _____

Consent:

Photo permission for promotional use: Yes No

Daily Living Skills:

Communication:

Verbal/speaks clearly Verbal/speech is difficult to understand Uses hearing devices
Has difficulty expressing needs Gestures/points Uses sign language
Uses a communication board/schedule/picture

Mobility:

Walks independently Walks independently for long distances Uses manual wheelchair
Uses motorized wheelchair Can transfer independently Needs help to transfer
Uses other assistive device for mobility Explain: _____

Bathroom:

Toilets independently Needs to be monitored Needs assistance

Explain: _____

Eating:

Eats independently Needs to be monitored Needs assistance

Explain: _____

Showering:

Showers independently Needs to be monitored Needs assistance

Explain: _____

Swimming:

Swims independently Can swim a little Cannot swim at all Fear of water

Socialization Skills:

Social interaction:

Initiates social interactions on own Socializes with verbal prompting Avoids social interactions

Prefers: Being alone With peers With adults

Is most successful in: Smaller groups Larger groups Other _____

Behavior Conduct:

Following directions:

Can follow directions independently Needs verbal prompting Needs step-by-step assistance

Explain: _____

Please mark all that apply:

- | | | | |
|-----------------------|--------------------|-------------------------------|-------------------------------|
| Short attention span | Easily distracted | Hyperactivity | Tendency to run or wander off |
| Oppositional/defiant | Manipulative | Verbal outbursts | Instigative behavior |
| Self-abusive behavior | Tantrums/meltdowns | Physical aggression to others | |

List other inappropriate behaviors: _____

What are known triggers to the behaviors above? _____

What behavior management techniques are used? _____

Does the participant have any unusual fears or concerns? Explain:

Participants Personal Interest:

Favorite sport: _____ Favorite group game: _____

Favorite quiet activity: _____ Least favorite activity: _____

Favorite food: _____

Form filled out by: _____ Relationship: _____ Date: _____