

Tania's Place

Registration Form/Contract

PLEASE COMPLETE ALL 3 EMERGENCY CONTACTS; CELL PH #'S ARE IMPORTANT!

Client (child) Information

Name: _____ Birth Date: _____

Sex: Male Female Age: _____

ONTARIO HEALTH CARD NUMBER _____

Name of Parent/Guardian _____ Phone _____

Home Address _____

Business Address _____ Phone _____

Email: _____

Second Emergency Contact

Name _____ Phone _____

Relationship to client _____

Authorized as emergency/alternate pick up Yes ↑ No ↑

Home Address _____

Third Emergency Contact

Name _____ Phone _____

Relationship to member _____

Authorized as emergency/alternate pick up Yes ↑ No ↑

Home Address _____

Health History (check all that apply)

- | | | | | |
|--|--|--|---|-------------------------------------|
| Ear Infections <input type="checkbox"/> | Mononucleosis <input type="checkbox"/> | Bee Stings <input type="checkbox"/> | Heart Defect/Disease <input type="checkbox"/> | Mumps <input type="checkbox"/> |
| Insect Stings <input type="checkbox"/> | Asthma <input type="checkbox"/> | Skin Problems <input type="checkbox"/> | AIDS or HIV <input type="checkbox"/> | |
| Seizures <input type="checkbox"/> | Chicken Pox <input type="checkbox"/> | Penicillin <input type="checkbox"/> | Diabetes <input type="checkbox"/> | Measles <input type="checkbox"/> |
| Bronchitis <input type="checkbox"/> | Food Allergies <input type="checkbox"/> | Hay Fever <input type="checkbox"/> | Bowel Problems <input type="checkbox"/> | Poison Ivy <input type="checkbox"/> |
| Hypertension <input type="checkbox"/> | Eating Problems <input type="checkbox"/> | Sleeping Problems <input type="checkbox"/> | | |
| Migraines/Headaches <input type="checkbox"/> | Bleeding/Clotting Disorders <input type="checkbox"/> | | | |

Please add details

Allergies: _____

Current Medication (if needed during the day please send in original bottle)

Can your child administer their own Medication? Yes ____ No ____

Do you authorize staff at Tania's Place to assist the administration of your child's medication?

YES ____ NO ____

If yes, please read and sign this statement

I _____ parent/legal guardian of _____ authorize the staff at Tania's place to assist my child in administering their medication. I have supplied Tania's Place with the medication in the original bottle with instructions on how, when and how much to dispense.

Signature of parent(s) : _____

Signature of Legal Gaurdian(s): _____

Date: _____

If NO, please explain how your child's medication will be administered while they are a participant at Tania's Place:

Other Important Information

Diagnosis of disability

Operations or serious injuries (dates)

Dietary Modifications

Last health exam by a physician (date) _____

Physician Information

Name _____ Phone _____

Address _____

Recommendations and Restrictions

Any information Tania’s Place staff should be aware of to better accommodate your child.

Drug Consent (please indicate which of the following substances may be given if required while your child is a participant at Tania’s Place)

TYLENOL _____
(for pain/headache)

GRAVOL _____
(upset stomach/vomiting)

IMMODUIM _____
(Diarrhea)

PARENT/GUARDIAN AUTHORIZATION

I give permission to Tania’s Place staff to contact our physician listed above in case of an emergency

Signature _____ Date _____

Parent/Guardian Consent:

This health history is correct as far as I know, and the person herein described has permission to engage in all Tania’s Place programs, activities to include activities off site (Day Trips).

Emergency Authorization: I hereby give permission to the medical personnel selected by Tania’s Place Staff to order X rays, routine tests and treatment for the named individual, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Tania’s Place staff to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the individual named on the form. This form may be photocopied for use at programs.

Signature _____ Date _____

Print Name: _____



Activity Centre for Adults with Special Needs

230 Harwood Ave. S. Unit #2

Ajax, Ontario L1S 2H6

(905) 686-9532

email: info@taniasplace.com www.taniasplace.com

Client Interests and General Information

The following form will be used to assist staff and volunteers with meeting your son/daughters program and service needs. It is important that you give us as much information as possible so that your son/daughter can experience as many activities and services while at Tania's Place.

Name: _____ Dob: _____

Clients overall level of help/support required: _____

Method of communication: _____

Does your son/daughter require assistive devices (i.e. Wheelchair, walker etc) Yes No

Clients Interests

Please list the type of activities your son/daughter enjoys doing and or participating in.

Please list the type of activities your son/daughter doesn't not like to do or participate in.

General Information

Client requires food intake to be limited Yes No If yes, please explain _____

Can client feed them selves? Yes No

If no, please explain what type of assistance they require

Bathroom reminders Yes No

Does client need assistance in the washroom Yes No If yes, please explain: _____

Can medication be taken unassisted Yes No

Toileting (needs, routines, assistance)

Dressing (describe difficulties if any)

Personal hygiene information (assistance with toileting or menstration)

We will be going on Day Trips and inviting outside community groups (i.e. theatre groups) to entertain and or teach certain skills. Please describe any situations/activities that could be upsetting or frustrating

If the Client experiences any outbursts or certain destructive behaviour, please provide suggestions on how they should be handled and or how they are used to being handled.

What level of understanding does your son/daughter have in terms of personal space (touching and hugs)

I _____ hereby give the staff and volunteers of Tania's
(signature of parent/legal guardian)

Place to use the information provided in this form for programming and service delivery.

Date: _____

Witness: _____ Name of Witness: _____



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Video Surveillance and Media Release Permission Form

Video Surveillance

Tania's Place will have a video surveillance system, which will be used to monitor the programs and activities on a daily basis. Upon request, parents will have supervised access to review these surveillance tapes. Our privacy policy requires us to ask your permission to allow other parents to see your son/daughters images during the viewing of these surveillance tapes. Please note: Due to the nature of the activities of the program it will be impossible to restrict your son/daughters images on any given tape.

I _____ give my permission for _____ images to be seen during the viewing of surveillance tapes by other parents who's son/daughters are registered with Tania's Place.

Media Release

I _____ give my permission for _____ face, images and name to be included in any Tania's Place promotional material, newspaper articles and on Tania's Place web site.

OR

I _____ **do not** give my permission for _____ face, images and name to be included in any Tania's Place promotional material, newspaper articles and on Tania's Place web site.

Signature of Parent/Legal Guardian: _____ Date: _____

Signature of Witness: _____ Name of Witness: _____

Client

WAIVER OF LIABILITY

TO: Tania's Place Inc., (herein "Tania's Place), its officers,
directors, employees and agents

I hereby acknowledge that the undersigned client is registered to participate in all Tania's Place programs, activities and off site activities including day trips. I further agree that Tania's Place will not be responsible for any injury which may occur to the client for any reason during any of the activities they are registered for and to include "specialized" classes. I further agree that I will not bring any suit, claim, action or demand against Tania's Place, its staff, volunteers and other registered clients for any injuries suffered relating thereof.

This form also allows Tania's Place to take and use pictures for promotional and any programs for/by Tania's Place.

By signing below, I acknowledge that I have read, understood and agreed with the terms of this release, waiver and discharge.

I am signing this document on behalf of my child (client) named below, which is a person of whom I am a legal guardian. I am of the full age of majority and under no disability, legal or otherwise.

(NAME OF CLIENT) Please Print

(NAME OF PARENT/GUARDIAN) Please Print

PARENT/GUARDIAN'S SIGNATURE

DATE



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Day Trips and Traveling off the premises Permission and Release Form

I _____ understand, agree and give my
(signature of parent/legal guardian)

permission for _____ to participate in
(son/daughters name)

Day Trips and unplanned outings organized by Tania's Place. I also understand that I will be given detailed information on Day Trips only when there are transportation and additional costs involved. At that time, an additional permission form will be provided and signed.

Signature of Parent/Legal Guardian: _____

Date: _____

Signature of Witness: _____

Name of Witness: _____