

# Tania's Place Registration Form

**PLEASE COMPLETE ALL 3 EMERGENCY CONTACTS; CELL PH #'S ARE IMPORTANT!**  
**Client (child) Information**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: Male \_\_\_\_ Female \_\_\_\_

**Diagnosis/disability** \_\_\_\_\_

**ONTARIO HEALTH CARD NUMBER** \_\_\_\_\_

**Name of Parent/Guardian** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **City/Town** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Other Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_

## Second Emergency Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Cell # \_\_\_\_\_

Relationship to client \_\_\_\_\_

Authorized as emergency/alternate pick up Yes  No

Home Address \_\_\_\_\_

## Third Emergency Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Cell # \_\_\_\_\_

Relationship to member \_\_\_\_\_

Authorized as emergency/alternate pick up Yes  No

Home Address \_\_\_\_\_

## Health History (check all that apply)

|                              |                      |                |                                |                 |
|------------------------------|----------------------|----------------|--------------------------------|-----------------|
| Ear Infections               | Heart Defect/Disease | Measles        | Sleeping Problems              | Eating Problems |
| Mononucleosis                | Mumps                | Hay Fever      | Hypertension                   | Bowel Problems  |
| Bee Stings/<br>Insect Stings | Seizures             | Chicken Pox    | Migraines/Headache<br>s        | Diabetes        |
| Asthma                       | Bronchitis           | Food Allergies | Bleeding/Clotting<br>Disorders | AIDS or HIV     |

**Please add details**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

**Current Medication** (We do not dispense Medication if required during the day)

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_

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 non prescription 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 own non prescription medication. I have supplied Tania's Place with the non prescription medication in the original bottle with instructions on how, when and how much to dispense.

Signature of parent(s) : \_\_\_\_\_

Signature of Legal Guardian(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**

Operations or serious injuries (dates)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dietary Modifications

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physician Information**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**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: \_\_\_\_\_

**Recommendations and Restrictions**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



230 Harwood Ave. S. Unit #2  
 Ajax, Ontario L1S 2H6  
 (905) 686-9532  
 email: info@taniasplice.com www.taniasplice.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.

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 \_\_\_\_\_

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Can client feed them selves? Yes  No  If no, please explain what type of assistance they require

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Washroom reminders Yes  No

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

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Can medication be taken unassisted Yes  No

Toileting (needs, routines, assistance)

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Dressing (describe difficulties if any)

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Personal hygiene information (assistance with toileting or menstruation)

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**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**

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**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.**

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

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**Our goal is to ensure that your son/daughter is able to experience as much as possible during their time at Tania's Place. If you have any other information that may assist us in achieving this goal please list your suggestions.**

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## Media Release Permission Form

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### 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: \_\_\_\_\_



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## 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: \_\_\_\_\_



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## Personal Injury and Property Damage

I \_\_\_\_\_ understand and agree that as the main care provider and or legally authorized parent/guardian of \_\_\_\_\_ I am liable for any personal injury to staff, clients and approved volunteers and or property damage my child may cause due to unprovoked violent behavior and or behavior that is not manageable. I also understand that it is at the discretion of the Executive Director to cancel any and all registration and or agreements made with me if my child is considered a physical threat to staff, clients and approved volunteers. I also understand that if it is found that I did not disclose that my child has a history of violent behavior that all registrations and or agreements will be immediately canceled and my child will be asked to leave the program.

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Name of Witness: \_\_\_\_\_