



Extend-A-Family  
WATERLOO REGION

## Extend-A-Family Summer Day Program Participant Information Form 2020

We want to ensure that everyone has a safe, successful, and fun week at our program!  
Please answer these questions and we encourage you to be as honest as possible so we can ensure that the participant receives appropriate support.

**Participant's Name:** \_\_\_\_\_

**Sessions Attending:**

- #1 June 29-July 3
- #2 July 6-10
- #3 July 13-17
- #4 July 20-24
- #5 July 27- 31

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### PARTICIPANT INFORMATION

Diagnosis/Disability: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Has the participant been to Extend-A-Family Summer Program before? \_\_\_\_\_

Address: \_\_\_\_\_

#1 Parent / Guardian Name: \_\_\_\_\_

#1 Parent / Guardian Work Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#2 Parent / Guardian Name: \_\_\_\_\_

#2 Parent / Guardian Work Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Emergency Contact Information

Emergency Contact Person (other than parent / guardian): \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Medical Information

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

Dietary Restrictions: \_\_\_\_\_

Does the participant have asthma / use an inhaler: \_\_\_\_\_

**Does the participant have a Seizure Disorder/Epilepsy?**      Yes     No

Type: \_\_\_\_\_

Frequency & length: \_\_\_\_\_

Triggers: \_\_\_\_\_

Date of last seizure: \_\_\_\_\_

When should 911 be called? \_\_\_\_\_

## ACTIVITIES OF DAILY LIVING

### TOILETING/BATHROOM

a) Does the participant require assistance (e.g. reminders, transfers to toilet, etc.)?  Yes  No  
If yes, please describe: \_\_\_\_\_

b) Does the participant wear briefs?  Yes  No  
If yes, how often do you typically change the participant? \_\_\_\_\_  
Does the participant require two (2) staff to change them?  Yes  No

### EATING/FEEDING

a) Does the participant require assistance (e.g., cutting food, feeding, pacing of eating etc.)?  
 Yes  No  
If yes, please describe: \_\_\_\_\_

b) Does the participant have difficulty?  
 Swallowing                       Chewing                       Drinking                       No difficulties

c) Does the participant frequently gag or choke when eating?  Yes  No

d) Does the participant have any other eating/feeding instructions/cautions?  Yes  No  
If yes, please describe: \_\_\_\_\_

**IMPORTANT: Staff will not be able to heat lunches for participants. Please send cold lunches only!**

### MOBILITY

a) Does the participant use a wheelchair?  Yes  No  Sometimes (e.g., daytrips, etc.)  
If sometimes, please describe: \_\_\_\_\_

b) Does the participant require assistance with transfers?  
 1 person     2 person     Independent

c) Does the participant require any assistance with walking?  Yes  No  
If yes, please describe: \_\_\_\_\_

### COMMUNICATION

a) How does the participant communicate? Please check all that apply.

- Speech
- Sign language
- PIC/PEC symbols
- Body language/gesturing
- Written notes

b) Is the participant able to understand and follow instructions?  Yes  No  Sometimes

c) Is the participant able to clearly express their needs/wants to camp staff?  Yes  No

d) Does the participant:  Wear glasses?  Contact Lenses?  Hearing Aids?

### **SOCIAL/RECREATION CONSIDERATIONS**

a) What recreational activities does the participant currently enjoy? \_\_\_\_\_  
\_\_\_\_\_.

b) Does the participant participate in activities?

- Willingly  With encouragement  Seldom  Never

c) Does the participant enjoy swimming?  Yes  No

What is the swimming ability of the participant?  Shallow  Deep

Does the participant require a lifejacket?  Yes  No

d) How does the participant:

- i. Respect the privacy of others?  Good  Fair  Poor
- ii. Initiate interaction with others?  Good  Fair  Poor
- iii. Interact in a group?  Good  Fair  Not at all
- iv. Problem-solve?  Independent  Some assistance  Full support needed
- v. Adapt to change?  Adapts  Withdraws  Cannot adapt, loses control

### **OTHER DETAILS**

a) Are you connected with Extend-A-Family?  Yes  No  
If yes, what is the name of you Extend-A-Family Support Coordinator? \_\_\_\_\_

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In order to maximize the benefits and enjoyment derived from this program and to offer the best support possible, I understand that it is important for the Summer Program staff to have a clear idea of the capabilities of the program participants. The above information is true and includes as complete a description as possible.

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Signature of Parent/Guardian/Individual

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Date

**PLEASE RETURN AS SOON AS POSSIBLE**

**WE MUST RECEIVE THIS FORM PRIOR TO THE PARTICIPANT ATTENDING CAMP!**

If you have any questions or require further assistance, please contact **Ron Trajano (Director of Programs)** at: 519-741-0190 ext. 225 or [ron.trajano@eafwr.on.ca](mailto:ron.trajano@eafwr.on.ca)

**Please return completed information forms to:**

Extend-A-Family Summer Program

91 Moore Avenue

Kitchener, Ontario N2H 3S4

Fax: 741-0392 or

[bea.binka@eafwr.on.ca](mailto:bea.binka@eafwr.on.ca)



### BEHAVIOUR INFORMATION FORM

(This information is confidential and will only be shared with EAF Summer Program Staff as necessary, to ensure successful support for the participant)

Name of Individual: \_\_\_\_\_

Name of parent/caregiver who can be contacted in an emergency: \_\_\_\_\_

Emergency contact phone number: \_\_\_\_\_

Does the participant engage in behaviours that require an adult to intervene (e.g., tantrums, yelling, physically aggressive, anxiety, wanders/runs away, shy/withdrawn, etc.)?

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Describe in detail how you as their parent/caregiver respond to these situations and how you manage safety:

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Describe how you would want EAF Summer Program staff to successfully support your son or daughter if this situation arose:

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I agree that EAF Summer Program staff may support my son or daughter in the way described to address the type of situation outlined by me in this document, and in accordance with Extend-A-Family's Summer Program practices noted in the attached letter.

Parent/Guardian signature: \_\_\_\_\_

On-Site Director signature: \_\_\_\_\_

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

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



### DROP-OFF/PICK-UP INFORMATION FORM

In order to ensure the safety of all participants, it is important for staff to be aware of how the program participants will be arriving and leaving program. If any of the information changes (ex. he or she will be leaving with someone else or alone), please notify a staff member of the changes.

Participant's Name: \_\_\_\_\_

Will the participant be travelling to the program on their own (without an escort)?  Yes  No

Will he or she be travelling from the program on their own (without an escort)?  Yes  No

**If the program participant will be travelling to and/or from the program on their own, I understand that Extend-A-Family will not be held responsible for their safe arrival/departure to/from the program.**

\_\_\_\_\_  
Signature of Individual/Parent/Guardian

\_\_\_\_\_  
Date

If the participant will be escorted by someone (via car, bus, walking, or other), please fill out the following for all possible escorts. This includes anyone who may be dropping off or picking up the individual attending program.

1. Name of escort: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

2. Name of escort: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

3. Name of escort: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

**\*\*If someone other than those individual(s) listed above is to pick your child up from the site, Extend-A-Family summer program staff will require your verbal consent.**



### PHOTO CONSENT FORM – IMAGES & INFORMATION

Staff of Extend-A-Family Waterloo Region (EAFWR) may take photos or videos during some of its Special Events (i.e. summer program, EAF picnics, WALES Program, etc.). These may be used for public information/awareness, displays, advertising, newsletters or fundraising for our agency. This may include Identifying information, such as the name of the individual.

I do not authorize to give consent to obtain and use images and information

I hereby authorize Extend-A-Family Waterloo Region to obtain and use images and information of the below mentioned person, for use in promoting the work of Extend-A-Family Waterloo Region.

\_\_\_\_\_  
Name Birth Date (MM/DD/YYYY)

\_\_\_\_\_  
Street City Postal Code

I grant permission to use images of the above mentioned person and information for the following:

- |  |   |                                  |
|--|---|----------------------------------|
| <input type="checkbox"/> Advertising   | <input type="checkbox"/> Displays               | <input type="checkbox"/> Website |
| <input type="checkbox"/> Annual Report | <input type="checkbox"/> Fundraising Activities | <input type="checkbox"/> Other:  |
| <input type="checkbox"/> Brochures     | <input type="checkbox"/> Newsletters            | _____                            |

I grant permission for the use of identifying information with the images as indicated above.

I have read/discussed and understand the above information. I understand that I can withdraw my consent at any time for photos to be taken or used for any purpose by contacting:

Extend-A-Family Waterloo Region  
91 Moore Avenue  
Kitchener, ON N2H 3S4  
519-741-0190

\_\_\_\_\_  
Signature (if under 18 – must be signed by parent/guardian) Date

\_\_\_\_\_  
Witness Date



## Sunscreen Application Consent Form

Dear Participants, Parents, Caregivers

We hope that you will have a great summer and enjoy your time at Summer Program. With summer comes **SUNSHINE** (we hope) and it is essential that **you bring SUNSCREEN with you to program.**

We will keep small amounts of sunscreen on hand should you lose or forget your own, but urge you to **check that it is in your bag every morning.**

**If you cannot apply this yourself, our staff will help you to do this, and we ask that you sign this letter to give our staff permission to do this.**

Have a great summer!

Summer Staff 2019

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I \_\_\_\_\_ (participant, parent/guardian, caregiver) hereby give permission to Extend-a-Family Summer Program Staff to apply Sunscreen (either my own or other if mine is not available) to \_\_\_\_\_ (participant) during time spent at Summer Program.

Signed: \_\_\_\_\_  
(participant if over 18, parent/guardian, caregiver)

Signed: \_\_\_\_\_  
(On-Site Director or summer program staff designate)

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





**PERMISSION TO ADMINISTER MEDICATION**

I, \_\_\_\_\_ (Family/Primary Care Giver/Designate) hereby give permission for the following EAF employee(s): **Summer Program On-Site Director & Summer Program Assistant On-Site Director** to administer medication outlined on the Medication Administration Form to \_\_\_\_\_ (Individual) with the necessary training being provided or arranged.

Extend-A-Family's Medication Policies and Procedures have been reviewed with me.

\_\_\_\_\_  
Family/Primary Care Giver/Designate                      On-Site Director

\_\_\_\_\_  
Date

Is the participant able to self-administer their medication/s during camp time?  
 Yes     No

**Medications must be in a blister package with the participants name on it.  
All medications must be stored with the staff in a secure location.**

**For all participants who will be taking medication while at camp, please complete the  
Permission to Administer Medication Form included in this package.**



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**SUMMER PROGRAM MEDICATION INFORMATION FORM**

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Name: \_\_\_\_\_ Doctor(s): \_\_\_\_\_ Allergies: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Pharmacy: \_\_\_\_\_

<b>Medication/Procedure</b>	<b>Dose</b>	<b>Route</b>	<b>Time/Frequency</b>	<b>Date started, discontinued, changed, side effects, cautions, special instructions, colour, size, etc.</b>

<b>Medication/Procedure</b>	<b>Dose</b>	<b>Route</b>	<b>Time/Frequency</b>	<b>Date started, discontinued, changed, side effects, cautions, special instructions, colour, size, etc.</b>