TAASC PARTICIPANT REGISTRATION FORM

Confidential Information

PERSONAL INFORMATION

Name: ____ Date: ______________________

Gender (circle one): M F Birth Date: ______________________________________ Age: ________________

Mailing Address: ____

City, State, Zip:____

Home Phone (include area code):______________________________ Cell / Work: ______________________

Email Address: ____

Parent / Guardian Name (if under 18): ____

Ethnicity (optional-for tracking purposes only): ____

MEDICAL INFORMATION CONSENT

This information will be kept confidential and will not be given out. The medical information requested is necessary in case of an emergency and will only be used in that situation. As a TAASC participant, you are responsible to notify TAASC when any of this information changes. If you are under the age of 18, you must also have a parent/guardian sign this form. By signing below, you agree to the above terms.

_______________________________________ _______________________________________ ________________
NAME (print) Signature Date

_______________________________________ _______________________________________ ________________
PARENT / GUARDIAN (print) Signature Date

EMERGENCY INFORMATION

Person to Notify ____ Relationship __________________________

Phone Numbers: Day ______________________________________ Evening _______________________________

Insurance Company _______________________________________ Policy # ______________________________

Consent for Treatment (if volunteer is under 18)
In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of treatment deemed necessary by the preferred listed doctor. In the event the listed doctor is not available, I give my consent for administration of treatment by another licensed physician; and the transfer of my child/ward to any reasonable accessible hospital where further consent will be obtained before treatment.

____ ________________________________
Preferred Doctor Phone

____ ________________________________
Parent / Guardian Signature Date

Non-Consent for Treatment
I do not give my consent for emergency medical treatment for my child. In the event of illness/injury I wish TAASC to take the following actions:

____

____ ________________________________
Parent / Guardian Signature Date

(CONTINUED ON OTHER SIDE)

HEALTH AND MEDICAL INFORMATION

TAASC serves people of all abilities. We ask the following confidential questions to get a better understanding about you.

Height __________ Weight __________ Date of lasts tetanus shot __________

Please rate the following:

I exercise (1=never; 5=every day) 1 2 3 4 5

My upper body strength is (1=poor; 5=excellent) 1 2 3 4 5

My general physical condition is (1=poor; 5=excellent) 1 2 3 4 5

I use one of the following to get around:

☐ Manual Wheelchair	☐ Power Wheelchair	☐ Scooter	☐ AFO/KAFO/HKAFO
☐ Crutches	☐ Other:		

Check all that applies to you and/or write in any other special situation we should be aware of.

☐ Arthritis	☐ Attention Deficit	☐ Autism	☐ Cerebral Palsy
☐ Down Syndrome	☐ Head Injury	☐ Hearing Impaired	☐ Learning Disability
☐ Mental Illness	☐ Mild MR/DD	☐ Moderate MR/DD	☐ Severe MR/DD
☐ Vision Impaired	☐ Spinal Cord Injury Level of Injury: _______	☐ Spina Bifida Level of Injury: _______	☐ Muscular Dystrophy
☐ Emotional Disability	☐ Other: ____		

Describe any behavioral issues that we should be aware of (what triggers it and what are the techniques used to manage it).

____

____

Are you taking any prescription medications? Please list and describe what they are for and if you experience any side effects that we should be aware of:

____

____

Have you ever experienced any of the following?

☐ Allergy to bee stings	☐ Balance problems	☐ Hemophilia	☐ Diabetes
☐ Allergy to penicillin	☐ Stroke	☐ Back problems	☐ Seizures
☐ Allergy to latex	☐ Incontinence	☐ Heart Disease/defec	☐ Decubitus ulcers

If you answered yes to any of the above, please describe more fully here:

____

____

Do you use any alternative methods for communication? ___________ If yes, please explain:

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