THE POINT
ANNUAL ACTIVITIES INFORMATION FORM

An annual information form for the current year is required prior to participation

(Please print all information clearly)

PARTICIPANT'S NAME_____

ADDRESS_____

CITY_____ZIP_____

COUNTY_____HOME PHONE_____

EMERGENCY NAME(S), PHONE NUMBER

CASE MANAGER & PHONE NUMBER

SEX_____ DATE OF BIRTH – Month_____Day____Yr___

School/Workshop or Employer_____

Do you receive SCL/MPW services YES _____ NO_____

Independence – Can this individual be left alone or does he/she need supervision?
(Please describe his/her degree of independence)

Behavior – Has there been any behavior that would require more attention?

Is the participant verbal or non-verbal? If non-verbal what communication device is used?

What is the participant's diagnosis?

Please circle those which apply – hearing impaired, speech impaired, visually impaired cerebral palsy, allergies, arthritis, seizures, asthma, diabetes, diet restrictions, ear tubes, uses wheelchair, walker, walks but unstable, or any other areas we should be aware of. Please be specific if you circled any areas above.

Please list any mental health concerns. Is the participant currently receiving medical treatment related to these concerns?

Medication – Please list below the type of medication, dosage, time(s)

Concerning medication:
Please complete the above medication form if participant will be taking any medication during an activity. All medications must be in a proper prescription bottle(s) with instructions for the administration of the medicine on the label. If there are any changes in the dosage, time, frequency, or administration of the medicine, it is the responsibility of the guardian to inform the activity coordinator and also send a paper indicating these changes right away. The undersigned acknowledges that the instructions on the container are accurate. Furthermore, the undersigned agrees to allow The Point's staff and or volunteers to assist if necessary in the administration of the medication to their son/daughter and waive any claim against the agency, staff or volunteers.

Signature of guardian/individual Date

Please write a detailed description about the participant and include information that you would like to know if you were escorting this person out into the community, not having met them before. Please include all behavior outbursts that could occur, and how you deal with it. Write down their likes and dislikes.

Has the participant ever been arrested or convicted of a crime? _____

Is the participant capable of leaving the group and being on his own during an activity if he/she chooses?
_____

This BIO will be given to the volunteer and anyone else that will be working with the participant. Any repetitive disruptive behavior will result in a call to the guardian/support staff for them to pick up the participant.

Mother/Guardian_____

Address_____

City_____State_____Zip_____

County_____Home Phone_____ Cell Phone_____

Father/Guardian_____

Address_____

City_____State_____zip_____

County_____Home Phone_____ Cell Phone_____

SUPPORT SERVICES AUTHORIZATION AND AGREEMENT

I give my permission to The Point to use for educational and informational purposes stories and pictures of the participant by name in said stories, pictures and videos.

_____ _____

Guardian/Individual Signature **Date**

I, _____, and the undersigned guardian do release The Point, it's officers, agents, employees and volunteer(s) from all claims that might arise while this person is participating in activities that The Point has set up for their benefit. I further understand that The Point does attempt to check out the facilities and locations, if possible, in which activities are held. The Point cannot be held responsible for guaranteeing those aspects not owned or controlled by The Point.

I have not left out any information that could be detrimental to this individual or others involved. The Point does everything they can to provide a safe experience but cannot be held responsible for matters and occurrences beyond their control. I give The Point permission for the participant to be transported by staff and volunteer(s) in an agency van, personal car, or a rented van driven by staff and or volunteer(s).

_____ _____

Signature of guardian/individual Date

I understand that if continuous one-on-one attention or medical attention is required during participation in the Activities Program, it is my responsibility to provide a personal attendant and pay their expenses to accompany me on the activities.

_____ _____

Signature of guardian/individual Date

RELEASE OF LIABILITY

There are times when individuals in the activity program will be riding in The Point van weekend trips and/or to other events. I acknowledge that by signing this document, I am releasing The Point Organization and their respective agents, employees, and members from liability while riding in The Point van. I have been advised to read it carefully before signing. It is further understood that photos and videos may be taken of the event and that I hereby release use of such photos for editorial, trade, advertising or other purpose and I hereby release the Point/Arc of NKY and its officers and members from any and all claims, actions and liability relating to their use of said photographs or videos.

Individual's Name (print clearly or type)_____

Relationship to Individual if other than parent_____Date_____

Whom to notify in case of emergency_____

Who would you like activity information mailed to?

Parent/Guardian Name _____

Address_____City_____State_____ Zip_____

Home Phone_____ Cell Phone_____Email Address_____

Would you like information about other Point Programs? YES_____ NO_____

Please circle the programs you are interest in:

Vocational Program Residential Program Educational Program

PLEASE FILL OUT ALL INFORMATION – WE CANNOT ACCEPT ANY PARTICIPANTS WITHOUT THIS FORM BEING COMPLETELY FILLED OUT. Please send in as soon as possible to:

The Point, Activities Program
104 W. Pike Street
Covington, KY 41011