



ORCA Activity Information Form

Name: _____ Today's Date: _____

Birthdate: _____ Address: _____

Phone: _____ Disability: _____

Please describe any behavior related issues (i.e. impulsivity, disruptive behavior, running/elopement, following directions, language, responds well to positive feedback):

What are some coping/de-escalation strategies that are used to manage above behavior related issues:

<u>Medications</u>	<u>Times Taken</u>
Who and how administered (i.e. needs reminder, taken with food, etc): <hr/> <hr/>	

Date of last Tetanus: _____

<u>Seizure History</u>
Frequency: _____ Most Recent Date: _____
Characteristics: _____
Triggers: _____

Allergies: _____



Medical Concerns

Please use this space to describe any significant medical concerns (i.e. diabetes, heart condition, etc) and attach any existing action/recovery plans to this form:

Emergency Contact Information

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Doctor and Clinic: _____ Phone: _____

Drop-off Procedure

I authorize ORCA to drop me off at the following address(es):

Please indicate the preferred drop-off procedure:

- ☐ 1. Independently, you can just let me off the bus
- ☐ 2. Make sure I get inside
- ☐ 3. Make sure someone is there to meet me

Is there anything else you would like us to know about dropping you off?

Please let us know before activity if there are any changes to how or where you will be dropped off.

Authorization for Medical Care

I authorize SAIL to call for medical care and/or to transport me to a medical facility or hospital if medical attention is needed. I agree that upon transport to any such medical facility or hospital SAIL shall not have any further responsibility for me. Further, I agree to pay all costs associated with such medical care and related transportation and shall indemnify and hold harmless SAIL from any costs incurred therein.

ORCA/SAIL staff reserve the right to refuse service to anyone intoxicated through the abuse of alcohol or illicit drugs, due to safety of all participants, volunteers, staff, and/or others. I agree to pay for broken/lost items issued to me by ORCA/SAIL staff and understand ORCA/SAIL is not responsible for any personal items of mine, which may be lost or stolen.

Signature/ Parent or Guardian if under 18

Date