

First Methodist Church Mansfield Intake Form for Fall 2017-2018

This form must be completed before the participant is able to attend a special needs activity. If you have any questions please let me know. amandaf@fmcm.org or 817-477-2287X150

Please return completed form to Amanda Ferguson
777 N. Walnut Creek Dr. Mansfield, TX 76063

Participant Name _____ Male/Female Age _____

Cell Phone _____ Email _____ Date of Birth _____

Would you like this email added to the Enews list: Yes No

Address _____

School Attending/Job _____

Parent/Gaurdian Name _____

Mom Cell _____ Mom Email _____

Would you like this email added to the Enews list: Yes No

Dad Cell _____ Dad Email _____

Would you like this email added to the Enews list: Yes No

Siblings:	Name	Gender	Date of Birth	School

How did you hear about us? _____

Please describe your participant's challenges or diagnosis: _____

Please check all that apply

Mobility: ___ walks alone ___ uses manual wheelchair ___ walks with assistance
___ electric wheelchair ___ crutches/walker

Medical: ___ seizures – if yes explain _____

Please list any medications that are taken routinely (including CTC, non-prescription or Rx drugs) _____

___ asthma – explain treatment _____

___ allergies – if yes explain _____

___ uses an adaptive device – if yes explain _____

___ normal hearing ___ hearing aid ___ some hearing ___ deaf

___ eyesight normal ___ some vision ___ wears glasses ___ wears contacts ___ blind

Eating: ___ no assistance needed ___ difficulty swallowing ___ uses straw ___ diabetic

___ has a g-tube Please describe eating restrictions or special requests: _____

Personal Care:

- fully independent
 - independent but needs reminders to use restroom
 - independent but needs reminders to wash hands
 - needs assistance
 - other, please explain _____
-

Communication and Senses:

- can easily tell you his/her wants and needs
 - can tell you what he/she wants or needs but can be hard to understand
 - has limited vocabulary, but can tell, point or pull you to what he/she wants or needs
 - he/she is nonverbal and points, pulls or uses pictures/signs to tell you his/her wants or needs, please list signs and frequent requests _____
-

Please describe any difficulties your child may have understanding language:

- he/she understands everything that is said
- he/she responds best to shorter words and phrases for comprehension
- he/she responds best to pictures for understanding
- he/she responds best to tone of voice and facial features for understanding

Behavior:

Please indicate any of the following behaviors that your child may demonstrate:

- outgoing OR shy
 - plays in groups OR prefers to play alone
 - has a hard time with transitions or new situations
 - sometimes destructive uses mouth to test objects
 - sometimes hits, bites, or hurts themselves or others* – if yes please explain _____
-

- self stimulates impulsive in many ways fatigues easily separation fears*

___ sometimes runs away to play chase ___ sometimes runs away ___ runs away often*

___ any known fears – if yes please explain _____

*If you have any special ways of dealing with any of the above issues, please explain

Please note any self-soothing behaviors _____

Participant is best comforted by _____

Interests/Hobbies _____

Likes/Dislikes _____

Please tell us anything else we may need to know about the participant _____

Please read the following statements carefully and initial in the designated space indicating that you have read, understand and agree to the provision.

___ I understand I will be notified via text during church services if needed, and I am to remain on campus during worship times if my child is under 18 years of age.

___ I have fully disclosed to First Methodist Mansfield all pertinent facts about my child(ren)'s special needs and accept full responsibility for failure to do so.

___ I understand that care for my child(ren) will be provided by trained volunteers.

___ I understand that I will be expected to pick up the participant as soon as possible in the event he/she is unusually inconsolable after a reasonable period of time, or demonstrates seizure activity; fever; aggressive behavior toward self/others; self-harming behavior; or severe asthma symptoms.

___ I understand that if a medical emergency or accident occurs, Mansfield EMS (911) will be called. I authorize Mansfield EMS to administer any medical treatment, medication, or appliance deemed necessary. I also authorize transportation by Mansfield EMS to the appropriate medical facility, as determined by Mansfield EMS. I understand that I will be responsible for payment of all EMS, hospital, and physician charges for emergency services to my child.

___ I consent to have First Methodist Mansfield staff administer medications and treatments for my child(ren) as directed or needed in the event of a minor injury.

___ I will supply all necessary food, drinks, snacks, and diapers for my child(ren) if needed.

___ I will provide any updated contact or medical information at every event.

___ I understand that my child(ren) may be denied participation based on presenting illness; parent's failure to provide necessary supplies, information regarding the care of my child(ren), or emergency contact information; or medical/behavioral issues that jeopardize the safety of my child(ren) or others.

I have read and initialed the above permission/authorization statements and agree to the terms designated in each.

Parent Signature

Date

Printed Name

First Methodist Mansfield Staff Signature

Date

Emergency Contact Agreement:

Should I need to be contacted regarding the immediate care of my child(ren), you may contact

Me: via cell phone _____ other _____

In case of an emergency, the following persons may be called and are authorized to pick up my child(ren): At least one person MUST be provided and positive identification MUST be provided before your child will be released.

Name _____ Phone _____

Address: _____

Driver's License # _____

Relationship _____

Name _____ Phone _____

Address: _____

Driver's License # _____

Relationship _____

Parent Signature

Date

Publicity Release:

First Methodist Mansfield would like to have photos to utilize for outreach in the community: Please initial your preference below:

___ I DO give permission for (please list all participants separately): _____
_____ to be photographed.

___ I DO NOT give permission for (please list all participants separately): _____
_____ to be photographed.

___ I DO give permission for (please list all participants separately): _____
_____ to be on the closed Stepping Stone Facebook page.

Parent Signature

Date