



The Hub for Beyond 21 Foundation Participant Personal Information Profile

Participant Name: _____

Address: _____

Date of Birth: mm/dd/yyyy _____ Male: _____ Female: _____

Parent Caregiver:

Name: _____

Address (if different to above): _____

Phone: _____ Cell Ph: _____

Email: _____

Is Parent / Caregiver the main contact? Yes _____ No _____

If no please list name and contact information for main contact: _____

MEDICAL INFORMATION

Doctor's Name / Phone: _____

Are your immunizations up to date? Yes _____ No _____

If not, specify _____

Health Card Number: _____

Emergency Contact (name, number): _____

Medications _____

Allergies:

Food: _____

Drugs: _____

Environmental (latex, bee stings, etc.): _____

What physical signs indicate an allergic reaction? _____

Treatment: _____

Medical History:

Please give a brief description of any condition, signs or symptoms to be aware of including diagnosis:

Please comment if treatment is required for the following:

Seizures: _____

Respiratory Needs: _____

Circulatory or Cardiac Needs: _____

Comments: _____

Personal Information

Are there any special dietary requirements? _____

Choking concerns? No _____ Yes _____ If Yes Explain: _____

Dentures? Yes _____ No _____

Please indicate communication abilities: (check all that apply)

Receptive Speech	check	Expressive Speech	check
Understands complex instructions		Uses sentences	
Understands simple instructions		Uses words or short phrases	
Understands only if shown		Uses sounds or gestures	
Does not understand		Uses sign language	
Requires visual cues		Uses PECS	
Understands Sign Language		Uses assistive communication device	
Uses Hearing Aids		No communication	

Additional Comments: _____

Mobility: Please describe if the participant uses any assistive device for mobility independence and their level of independence with the device: _____

Please indicate level of independence for each of the following areas:

Activity	Independent (no assistance required)	Requires Minimal (some) Assistance	Requires Full Assistance
Walking			
Stairs			
Eating			
Dressing			
Toileting			
Carrying out tasks			
Doing seatwork			
Working in a small group			
Working in a large group			

Comments: _____

Please indicate the degree to which the below behavioural issues may be a concern. Please add any behaviours we may need to consider under "Other"

	Never	Rarely	Sometimes	Often
Physical Aggression				
Frustration				
Outbursts				
Extreme Shyness				
Tearfulness				
Stubborn				
Temper tantrum				
Other (list)				
Other (list)				

Comments: _____

Likes / Dislikes: (Please share your interests)

	LIKES	DISLIKES
Home Skills		
Life Skills		
Recreation / Leisure		
Community, Volunteering, Jobs		



**The Hub for Beyond 21 Foundation
Participant Information / Caution Sheet**

Participant name: _____

	YES	NO
Allergies		
Arthritis		
Behaviour Problems		
Chokes Easily		
Constipation		
Circulatory Problems		
Dentures		
Diabetic		
Diarrhea		
Epilepsy		
Fear (water, animals, heights, etc.)		
Hearing Loss		
Hearing Aids		
Hepatitis Carrier		
Independent in Community		
Psychiatric Problems		
Respiratory Problems (asthma)		
Special Diet		
Stomach Problems		
Takes Medication Daily		
Takes PRN Medication		
Varicose Veins		
Visual Problems		
Wears Glasses/Contacts		
Wears Braces/ Special Shoes, etc.		
Uses Alternative Communication		
Uses Assistive Mobility Device		

Refer to Personal Information Profile for more information:

Staff Signature: _____



The Hub for Beyond 21

Parent/Guardian Authorization to Transport

I, _____ understand that my child
(name of parent / guardian)

_____ may be transported by an employee or volunteer of
(name of participant)

Beyond 21. I will not hold Beyond 21 responsible for any accidents or damages that may occur.

Parent/Guardian

Date

Witness

Date



The Hub for Beyond 21 Foundation Photographic release and Permission to use Email

I _____ do hereby give my consent for
(parent / guardian)

for photos/videos of me and/or my child to be taken and used by the staff of Beyond 21 for use at the Hub or externally at their discretion. I understand this may identify me and/or my child as a person involved with Beyond 21 and in turn may identify me/my child's disability.

My initial indicates permission to be photographed and/or videotaped:

(Please initial only those areas you give permission for)

Area	Initial indicating permission
Photos / videos to be used within Beyond 21 (internal, for example pictures used on our display boards)	
Photos to be used in items share with Beyond 21 families (for example our newsletter and yearly calendar)	
Photos to be used in promotional materials (brochures, pamphlets, posters, etc.)	
Photos for use on the Beyond 21 Website	
Videos for use on the Beyond 21 Website	
Photos for use on Beyond 21 Social Media	
Videos for use on Beyond 21 Social Media	
Videos for Beyond 21's Youtube channel	
EMAIL: I give permission for Beyond 21 to use my email to contact me with information (newsletter, program information, fundraising information, etc.)	



Release of Information:

I, _____ understand that the information regarding participants may be shared with Beyond 21 staff, family support workers, Board of Directors, and volunteers on a need to know basis to ensure a safe and appropriate learning environment.

I, _____ understand that the above people will be required to sign an agreement to keep this information confidential.

I understand that this consent is valid for the duration of services provided for The Hub for Beyond 21 Foundation and may be withdrawn at any time by notifying the Executive Director in writing that consent has been withdrawn.

Parent / Guardian

Date

Witness

Date

I _____ give permission to the staff of Beyond 21, under the direction of the Executive Director and/or the Program Manager, to obtain information from and release information to professional community support services, where relevant, and provided the community support service also has a current release of information signed by the parent / guardian.

I understand that this consent is valid for the duration of services provided for The Hub for Beyond 21 Foundation and may be withdrawn at any time by notifying the Executive Director in writing that consent has been withdrawn.

Parent / Guardian

Date

Witness

Date

Waiver of Understanding

- I/We understand that if the participant is not independent (as identified by Beyond 21) they are required to attend the program with a support worker
- I/We understand that the fees are to be paid by postdated checks.
- I/We understand that it is the participants/families responsibility to provide transportation to and from Beyond 21.
- I/We understand that it is not the responsibility of Beyond 21 staff, nor will it be permitted for the staff to dispense medication or provide hands on care.
- I/We understand that any information I/we obtain regarding other participants is to remain confidential.
- I/we understand that the admission to Beyond 21 is an at-will arrangement by both parties and can be discontinued at any time.
- I/we understand that family support workers must meet the expectations of Beyond 21. This includes but is not limited to providing a semi annual criminal reference check (cost is responsibility of the worker), signing a confidentiality agreement and abiding by the rules and regulations of Beyond 21. I/we also understand that our worker must be on par with the expectations I/we have of Beyond 21. I/we understand that non-compliance may result in a worker being asked to leave Beyond 21.
- I/we consent to let the participant participate in Beyond 21's program and all its various activities. I give permission for the staff to authorize emergency treatment as required. I understand that, although the workers, volunteers and directors provide as safe environment as possible, there is always an element of risk. Therefore, I, the undersigned, will not hold Beyond 21, their directors, coordinator, members, staff, volunteers or assistant responsible for anything that should happen to participant.
- I/we understand that acts of Physical Aggression may result in the participant being asked to leave Beyond 21 for the remainder of the Beyond 21 day at the discretion of the Beyond 21 Staff. I understand that it is my responsibility to hire a worker that is able to support the behaviours of the participant.

Parent / Guardian

Date

Witness

Date