

Friday Night Friends

Participant Application

I. Personal Information

Participant:
Name: _____ Sex: M or F Age: ____ DOB: _____

Primary Diagnosis: _____ Referred by: _____

Father:

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email: _____ Pager: _____

Mother:

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email: _____ Pager: _____

Emergency Contact: In the event that the primary caregiver is unable to be reached, the following person may be called and is authorized to pick up participant (**positive identification will be required before the participant will be released**).

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

II. Insurance

Insured By: _____ Policy Number: _____

Insurance Verification Phone Number: _____ SSN of Insured: _____

Attach Recent Photo

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III. Medical Information

Medications: Please list ALL medications (including over the counter drugs) that participant takes and the purpose for each. Please be aware the NO medications will be administered by the medical staff unless a single correct dose is provided in its original prescribed container. Please check the medications to be given during Friday Night Friends.

Medication	Dosage	Frequency	Times Given	Reason Given

Allergies:

Drugs: _____

Food: _____

Insect: _____

Physicians (Enter primary physician first):

Physician 1: _____

Specialty: _____

Address: _____

Phone: _____

Physician 2: _____

Specialty: _____

Address: _____

Phone: _____

|
Physician 3: _____

Specialty: _____

Address: _____

Phone: _____

Physician 4: _____

Specialty: _____

Address: _____

Phone: _____

Hospitalizations:

DATE	HOSPITAL	REASON

Immunizations: Is participant current on immunizations?
If no, please explain:

Yes or No

Childhood Diseases (dates and types)

Precautions (Seizures, asthma, etc.) _____

V. Behavior:

- | | |
|--|---|
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Plays in groups | <input type="checkbox"/> Plays alone |
| <input type="checkbox"/> Adapts to new situations well | <input type="checkbox"/> Adapts to new situations with difficulty |
| <input type="checkbox"/> Responds to correction well | <input type="checkbox"/> Responds to correction with difficulty |
| <input type="checkbox"/> * Is sometimes destructive | <input type="checkbox"/> * Sometimes threatens others |
| <input type="checkbox"/> * Hyperactive and/or ADD | <input type="checkbox"/> * Sometimes attempts to run away |
| <input type="checkbox"/> * Sometimes hits, bites, hurts self or others | |

**If checked, please complete Behavioral Information Form below*

Responds to separation from caretaker by: _____

Is best comforted by: _____

Lets someone know what he/she wants by: _____

Enjoys/participates in what play activities: _____

Behavioral Information Form

Please describe participant's behavior problem (hits, runs away, throws object, self-abuse, etc.)

What happens prior to/causes this behavior? Is it usually in response to something else?

How often does this behavior occur? _____

In what settings is this behavior likely to occur? (home, school work, with strangers, etc.)

What is the most successful way to deal with this behavior? (including positive reinforcers) -

VI. Permission/Authorization Agreement

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

___ I have fully disclosed to Friday Night Friends and Cave Spring Baptist Church all pertinent facts about the participant's special needs, and accept full responsibility for any failure to do so.

___ I understand care will be provided by volunteers and other medical personnel. I authorize the staff to provide any required special treatments or procedures in my absence. I will provide written authorization, instructions, and all necessary supplies and equipment for these procedures.

___ I will supply all necessary food, drinks, snacks, and diapers/wipes for participant

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

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

Signed: _____ Date: _____
Parent or Guardian

VII. Medical Release

I hereby give my permission for _____ to be treated by authorized, licensed, medical personnel as a result of an accident or medical emergency while involved in the activities of Friday Night Friends.

Signed: _____ Date: _____
Parent or Guardian

VIII. Publicity Release

Friday Night Friends is a model respite care program designed to lessen the stress of families caring for a person with special needs. Because we want to reach as many families as possible, we publicize the program through television, radio, and the newspapers. The use of your name, participant's name or picture is strictly voluntary. If you want to participate in our effort to help other families learn about Friday Night Friends, please indicate by initialing below.

___ I DO give permission for participant to be photographed. The picture may be used for press releases, journal articles or other positive publicity related to respite programs.

___ I DO NOT give permission for participant to be photographed.

Signed: _____ Date: _____
Parent or Guardian

IX. Friday Night Friends Directory Release

Often parents would like to have access to addresses and phone numbers of other families participating in Friday Night Friends. Please indicate your willingness to include your family information in a directory.

___ I DO give permission for my name, address, and phone number to be published in a Parent directory for Friday Night Friends

___ I DO NOT give permission for my name, address, and phone number to be published in a Parent directory for Friday Night Friends

Signed: _____ Date: _____
Parent or Guardian

X. Waiver of Responsibility

I, _____, parent and/or legal guardian of _____, a minor, release and discharge Friday Night Friends and Cave Spring Baptist Church, its agents, employees, and any and all persons concerned therewith, from any and all liability, claims, and causes of action of any type whatsoever arising out of, or in any way connected with, said minor's participation in the activities of Friday Night Friends. ~

Signed: _____ Date: _____
Parent or Guardian