Participant General Information:

Participant Name: _____ Favorite Nickname: _____

Date of Birth: _____ Gender Identity: _____ Grade: _____

Address: _____

Participant Medical Information:

Please provide us with some information about your participant to ensure their safety in out programs. If you want to follow up with someone, please email Bryan.Rutledge@Waterloo-ia.org

Primary Diagnosis: _____

_____

Other Medical or Diagnosis: _____

_____

Allergies: _____ Seizures: Yes_____No_____

Mobility: Independent Yes_____No_____

If not, list the participant's primary means of mobility (power wheel chair, walker, etc.)?

_____

Describe the level of assistance needed: _____

_____

Method of communication (verbal, sign language, speech device, etc.): _____

Additional information that would be helpful for us to know: _____

_____

Favorite activities or hobbies: _____

Parent/Guardian/Caregiver Information:

Name: _____ Relation to participant: _____

Phone: _____ Email: _____

Emergency Contact Information:

Name: _____ Relation to participant: _____

Phone: _____ Email: _____