

BRETTON WOODS ADAPTIVE, INC.

"Partners in Possibilities"

PARTICIPANT INFORMATION / MEDICAL & RELEASE FORM

Please Print Clearly

DATE COMPLETED _____ **UPDATED** _____

GENERAL INFORMATION

Name: _____ Nickname: _____

Parent or Guardian Name (if appropriate): _____

Home Phone No: _____ Work No: _____

Cell/Mobile No: _____ Fax No: _____

E-Mail: _____

Mailing Address: _____

How may we reach you while you are at the Resort?

Employer: _____ Occupation: _____

DOB: _____ Height: _____ Weight: _____ Shoe Size: _____ Sex/Gender: **M / F**

Will you be accompanied by a Personal Care Assistant? **Y / N**

May we share information with other Adaptive Recreation Programs? **Y / N**

SNOWSPORTS INFORMATION

Snowsports before disability? **Y / N** (if yes please check disciplines below)

Snowboard: ___ Alpine: ___ Nordic: ___ Ice Skate: ___ Snowshoe: ___

Ability level: Beginner: _____ Intermediate: _____ Advanced: _____

Snowsports since disability? **Y / N** (if yes please check disciplines below)

Snowboard: ___ Alpine: ___ Nordic: ___ Ice Skate: ___ Snowshoe: ___

Ability level: Beginner: _____ Intermediate: _____ Advanced: _____

Where have you practiced Snowsports since becoming disabled? _____

Frequency: Often: _____ Occasionally: _____ Seldom: _____

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MEDICAL, DIAGNOSIS & EMERGENCY CONTACT INFORMATION

Disability Diagnosis: _____

Date of Disability: _____ At birth/other: _____

Mobility Method: _____

Mobility Equipment: _____

Activity Length: ____ less than 1 hour ____ 1 hour ____ 2 hours ____ all day

Seizure Y/N Type: ____ Focal ____ Grand Mal ____ Petite Mal

Date of last seizure: _____

Shunt: **Y / N**

Harrington Rods: **Y / N**

Bladder/Bowel: ____ Bag

Prescribed Exercise Program: **Y / N**

____ Diaper

Breathing Problems: **Y / N**

____ Frequency

Receive Occupational Therapy: **Y / N**

____ Internal Catheter

Balance Problems: **Y / N**

Receive Physical Therapy: **Y / N**

____ Other

Date of Last Surgery: _____

Other: _____

Type of Surgery: _____

Any Implants? **Y / N**

Primary Physician: _____ Phone: _____

Health Insurance Co: _____ Policy #: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

CONSENT TO TREAT

I give my consent for BWA volunteers, personnel, staff, and qualified medical personnel to treat me in an emergency situation. I agree to pay for medical treatment and transportation costs incurred on my behalf.

Signature: _____ Date: _____

Print Name: _____ Relationship to Participant: _____

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DETAILS		
	NO	✓ Check or List all that pertain (If YES)
Medications <u>Comments:</u>		<hr/> <hr/> <hr/> Side Effects: _____ Schedule: _____
Allergies <u>Comments:</u>		<hr/> <hr/> <hr/>
Hearing Impairment <u>Comments:</u>		<input type="checkbox"/> Hearing Aid(s) <input type="checkbox"/> Left side impaired <input type="checkbox"/> Right side impaired <input type="checkbox"/> Total loss <input type="checkbox"/> Implants
Motion (range) Impairment <u>Comments: Coordination?</u>		<input type="checkbox"/> Left arm <input type="checkbox"/> Right arm <input type="checkbox"/> Left leg <input type="checkbox"/> Right leg
Strength & Weakness Issues <u>Comments:</u>		<input type="checkbox"/> Left side weak <input type="checkbox"/> Right side weak <input type="checkbox"/> Lower body weak <input type="checkbox"/> Upper body weak
Visual Impairment <u>Comments:</u>		<input type="checkbox"/> Left eye blind <input type="checkbox"/> Right eye blind <input type="checkbox"/> Peripheral blindness <input type="checkbox"/> Shadows only <input type="checkbox"/> Tunnel vision <input type="checkbox"/> Total blindness <input type="checkbox"/> Wear contacts <input type="checkbox"/> Wear Glasses
Sensation Impairment <u>Comments:</u>		<input type="checkbox"/> Limited left side <input type="checkbox"/> Limited right side No sensation: <input type="checkbox"/> Below ankles <input type="checkbox"/> Below knees <input type="checkbox"/> Below waist <input type="checkbox"/> Below chest <input type="checkbox"/> On left side <input type="checkbox"/> On right side

** OVER **

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		Check or list all that pertain
Adaptive Equipment (What do you use?) <u>Comments:</u> 		<input type="checkbox"/> Mono-ski <input type="checkbox"/> Bi-ski Bi-unique or Mtn. Man <input type="checkbox"/> Kart Ski <input type="checkbox"/> Tandemski <input type="checkbox"/> Dual ski <input type="checkbox"/> Mono-ski <input type="checkbox"/> Nordic sit-ski <input type="checkbox"/> Outriggers <input type="checkbox"/> Slider <input type="checkbox"/> Tip clamp (Edgee-Wedgee) Other: _____

ADDITIONAL COMMENTS:

COMMUNICATION

Please check all of the following statements that describe the participant’s communication skills:

Verbal _____

Strong expressive language ability _____

Limited expressive language ability _____

Diminished expressive language ability when stressed, frustrated or other (please indicate) _____

Needs processing time prior to responding _____

Expressive language is clear and audible _____

Expressive language is best understood only by those familiar with the articulation and speech patterns _____

Non-Verbal _____

Augmentative Communication Device _____ Type _____

Strong receptive language ability _____

Limited receptive language ability _____

Diminished receptive language ability when stressed, frustrated or other (please indicate) _____

*Please be aware that in order to maintain consistency in the student’s communication expectations, Bretton Woods Adaptive requests that any communication device or tool currently being used by or with the student be made available to the volunteers during the student’s lesson.

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If the following section does not apply, please check here: _____

BEHAVIOR

Please answer the following questions:

1. Is a behavior plan currently being used at home or in school? If no, skip to **Behavioral Response Checklist**. If you answer "yes" to both home and school, is it the same/similar plan or is a different plan being used across settings?
2. Are specific rewards or motivators used to encourage appropriate behavioral responses? If "yes" what is currently being used?
3. Is a transition item used? If "yes" what is currently being used?
4. If a behavior plan is currently not being used at home or school for the student or if you wish to give additional behavioral information, please complete the attached sheet.

*Please be aware that in order to maintain consistency in the student's behavioral expectations across settings, Bretton Woods Adaptive Program requests:

1. A copy of the student's behavior plan to keep on file.
2. Parents/guardians/caregivers give use of or provide (especially if food related) during the lesson any reward or motivating item(s).
3. Parents/guardians/caregivers give use of or provide during the lesson any specialized tools, i.e. a transition item, needed to implement the behavior plan.

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Behavioral Response Checklist

Please complete this form if there is currently **no** behavior plan in place for your child *or* if you currently have a behavior plan but would like to give additional information.

Behavioral Triggers	Y	N	Unsure	Student's Behavioral Response (What does he/she do?)	Current Behavioral Management Strategies (How do you prevent/respond?)
Task to Task Transition					
Setting to Setting Transitions					
Unfamiliar/new Environments					
Unfamiliar/new People					
Unfamiliar/new Activities					
Change in Routine					
Unclear Expectations					
Multi-step Directions					
Correction or Redirection					
Making a mistake					
Competition (perceived)					
Low frustration tolerance					
Environmental Fears _____ _____					
Communication					
Sensory Issues					