



Child Information – please complete a separate form for each child.

Name: _____ M / F Date _____

Guardian Name: _____

Address: _____

Date of birth: _____ Age Now: _____

Cell phone where you can be reached during Loving H.A.N.D.S.: _____

Home Phone: _____ Email: _____

Allergies: _____

Diagnosis: _____

QUESTIONS

We realize that at times kids can become over-stimulated and require some re-direction. What techniques, words or gestures do you use to re-direct?

Are there any behaviors/symptoms we should be aware of in order to provide the best care for your child? (i.e. child may seem distant before a seizure, etc.)

Here is your chance to dote on your kids!! Tell us the fun stuff – favorite hobbies, animals, colors, friends, what they do best, your favorite thing about them.

What tasks does your child require assistance with? (i.e. eating, bathroom trips)
What can we do to best help?

If your child is non-verbal are there any methods you use to facilitate communication? (i.e. sign language, boardmaker, dynavox, etc.)

Does your child have a set behavior plan that we need to be aware of such as bathroom or eating schedule?

Please describe any other special needs or requirements or any additional information that your child may require so that we know how to better serve them.

MEDICAL RELEASE

In Emergency, please contact: _____

Relationship to child(ren): _____ Phone: _____

Physician Name: _____ Phone: _____

Primary Insurance Company: _____

Policy Holder Name: _____

ID #: _____ Group/Policy #: _____

STATEMENT OF CONSENT:

In the event of an emergency or non-emergency situation requiring medical treatment, I, _____, hereby grant permission for any and all medical and/or dental attention to be administered to my child, in the event of accidental injury or illness, until such a time as I can be contacted. This permission includes, but not limited to, the administration of first aid, the use of ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

Signature: _____ Date: _____

THE NEXT STEP: Join us at Loving HANDS. We can't wait to meet your family !!

Please mail or e-mail this information to us prior to the next Loving HANDS Event.

Bethel Life, 246 S. Mercer St., Greenville, Pa. 16125, denise@blwc.org