

The staff and volunteers of the City of Hammond and CHIL hope to support your child to the best of their ability during his/her involvement with this program. Because you have marked "special consideration" on the Child Form, we would like to follow up with you to receive further detail of how we might better support your child.

General Information

Child's Last Name: _____ First Name: _____

Birth Date: _____ Developmental Age (if different): _____ Sex: M / F

Diagnosis/Disability: _____

Does your child have full use of his/her ARMS? ___ Yes ___ No LEGS? ___ Yes ___ No

If no, explain his/her method of mobility and/or adaptation (wheelchair, assistance at times, etc). _____

If your child does not communicate with spoken words, how does he/she communicate? _____

Allergies

Please describe your child's allergies: _____

Though some preventative efforts may be made for your child's allergies, CHIL, its affiliated organizations and sponsors, their employees and associated personnel will not be held responsible for consumption or contact with any substance that causes a reaction to your child. The parent/guardian remains the responsible party in preventing any possible allergic reaction based on parental/guardian knowledge. Parents/guardians should inform any other adult attending with the child of these allergies for supervision and preventative purposes.

Positive Behavior Support

Does your child sometimes demonstrate challenging behaviors that may hinder peer interaction or activity participation? If so, please specify: _____

I _____ authorize the release of information regarding behavioral supports (BSP, ILP, IEP, etc.) for _____ (Child's name) to C.H.I.L., its affiliated organizations, sponsors, and personnel for the purpose of providing information useful in designing supports for my child to participate in C.H.I.L. activities. (If not applicable, please check .)

Signature of Parent /Guardian: _____ Date: _____

Before CHIL, how often did your child visit this Recreation Center?	___ 2 + times a month	___ once a month	___ A few times a yr	___ Once a year	___ Did not visit
How many <u>different types</u> of activities would you say your child participated in at this facility before participating in C.H.I.L.?	___ Did not visit	___ 1	___ 2	___ 3	___ 4 +

