



TEEN CLUB FORM

Cartoonigans will be arranging activities throughout the day to keep Teens and Adults busy. If the Teen Club participant has food allergies or requires a special diet, please ensure that they bring snacks with them, clearly labeled with their name.

Please complete ONE form in its entirety PER person requiring care. Thank You.

Please indicate date: ___ **Friday, March 17, 2006** ___ **Saturday, March 18, 2006**

First Name: _____ Last Name: _____ Age: _____

Health Care Number: _____ Allergies: _____

Does your teen have a disability? Yes _____ No _____ Does your teen require a wheelchair? Yes _____ No _____

If yes, please explain. _____

Does your teen require individual support? Yes _____ No _____

If yes, explain in what way. _____

Will a support person be accompanying your teen? Yes _____ No _____ Their name _____

How does your teen communicate? [e.g. signs, picture board, some words] _____

Does your teen have any medical concerns we should be aware of? _____

Does your teen require medications? Yes _____ No _____ [*You must return to administer it*]

Does your teen have seizures? Yes _____ No _____

Does your teen require assistance with toileting? Yes _____ Explain _____

Does your teen require assistance with eating or meal preparation? Yes _____ Explain _____

Does your teen have special needs or behavioural difficulties? _____

Activities your teen enjoys _____

Does your teen sometimes like to leave the room without informing anyone? Yes _____ No _____

Signature [Parent or Guardian] _____ Print Name: _____ Date _____

Parent/Guardian Home Phone: _____ Cell Phone: _____ Pager: _____