

FRANKLIN FRIENDS

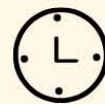
(ADAPTIVE REC CLUB)

Join Franklin Parks and Recreation once a month for an adaptive Recreation club for adults with cognitive disabilities focused on building connections through recreation. Activities include adaptive crafts, sports, and music activities.

Cost: \$15/session



**LAST TUESDAYS OF
EVERY MONTH**



1-2:30 PM



Franklin Parks & Recreation



**Cultural Arts & Recreation Center
396 Branigin Blvd.
Franklin, IN 46131**



Personal Information

Participant Name:

Home Address:

DOB:

A Support staff member is required to be present during program. Franklin Parks and Recreation staff is unable to administer medication.

Will participant have one present? Yes No

Support/Caretaker Coordinator Name:

Support/Caretaker Coordinator Phone:

Support/Caretaker Coordinator Email:

Photo Permission for Participant: Yes No

Medical Information

Program is focused on individuals with cognitive disabilities. Please tell us more about your participants disability so we can help accommodate them.

Primary Diagnosis:

Additional/Secondary Diagnosis:

Any Allergies? Yes No

If YES, Please List Allergies:

Does Participant Utilize Adaptive Equipment (AFO/AAC Device)? Yes No

If YES, Please List Equipment:

Does Participant have a history of seizures? Yes No

If YES, Please answer the following:

Is participant on medication to help with seizures? Yes No

Last seizure date?

Behavior/Care Information

Socialize well with others: Often Sometimes Rarely Never

Express his/her needs: Often Sometimes Rarely Never

Hit or Strike Others: Often Sometimes Rarely Never

Use Foul Language: Often Sometimes Rarely Never

Exhibit any self-harm behaviors: Often Sometimes Rarely Never

Reacts aggressively when upset: Often Sometimes Rarely Never

Please mark any of the topics that the participant shows interest in:

Art Music Sports Board Games Movies Nature Science

Can Participant Independently use the restroom? Yes No

Does Participant have any visual/hearing impairments? Yes No

If YES, please describe:

Does participant do well in small groups? Yes No

If NO, please describe:

Does participant do well in large groups? Yes No

If NO, please describe:

Please list any other important information our staff should know about the participant:

Please sign below to show that all information filled above describing the participant is accurate.

Participant Electronic Signature

Legal Guardian Electronic Signature (If Applicable)