Today's Date: _____ Updated (date/initial): _____ Updated (date/initial): _____

First Friends Special Needs Ministry
First Baptist Church Forney
Participant Information

Participant's Name: _____ Birth Date: _____

Address: _____

City: _____ Zip: _____ Home phone: _____

Resides with: ☐ Dad ☐ Mom ☐ Both ☐ Other: _____

School/Day Hab participant attends: _____ Grade: _____

1st Guardian's Name: _____ Cell Phone #: _____

Email: _____

2nd Guardian's Name: _____ Cell Phone #: _____

Email: _____

Emergency Contact Name: _____ Cell Phone #: _____

Siblings (names and ages) _____

Service time: Sundays ☐ 9:15 AM ☐ 11:00 AM

Specific type of disability/disorder: _____

(brief description) _____

Check any of the following which apply:

☐ Self-injurious Behavior ☐ G-tube ☐ Asthma ☐ Diabetes

☐ Physical Aggression ☐ ADHD ☐ Anxiety ☐ Seizures

☐ other _____

Does your participant require special equipment? ☐ Yes ☐ No

If yes, please explain: _____

_____

Today's Date: _____ Updated (date/initial): _____ Updated (date/initial): _____

Is the participant on medication? ☐ Yes ☐ No

Names of medication and type(s): _____

Does your participant have allergies (i.e. food): _____

Please explain: _____

Eating/Drinking: ☐ Bottle ☐ Assisted ☐ Self ☐ G-tube ☐ Other

Please explain: _____

Toileting: ☐ Diaper ☐ Pull-Ups ☐ Assisted ☐ Self

Please explain: _____

Communication: ☐ Verbal ☐ Non-Verbal ☐ Picture/Symbol ☐ Assisted Technology

☐ Sign Language ☐ other

Please explain: _____

Vision: ☐ Vision Impaired ☐ Glasses ☐ Cane ☐ Braille ☐ Large Print

Please explain: _____

Auditory Impairment: ☐ Hearing Aids ☐ FM System ☐ Cochlear Implant

Please explain: _____

Mobility: ☐ Ambulatory ☐ Some Adult Assistance ☐ Walker
☐ Non-Ambulatory ☐ Stroller ☐ Wheelchair: ___ power ___ manual
☐ Crawls ☐ Moves on knees ☐ Other _____

☐ Sits Independently: ___ chair ___ floor

If in a wheelchair or stroller: ☐ May be taken out: ___ chair ___ floor ___ beanbag ___ other

What are your participant's strengths?

_____

_____

Weaknesses?

_____

_____

Today's Date: _____ Updated (date/initial): _____ Updated (date/initial): _____

Fears?

_____

_____

Does the participant have behaviors requiring special management: ☐ Yes ☐ No

☐ Runs ☐ Scratches Others ☐ Bites Others ☐ Kicks Others ☐ Hits Others
☐ Spits at Others ☐ Pulls Hair of Others ☐ Wanders Off ☐ Screams
☐ Sensory Integration Issues

explain: _____

_____

☐ Self-Stimulating Behaviors explain: _____

_____

Control these behaviors by: _____

_____

Are there any topic/words/phrases that should be **avoided** with the participant?

_____

_____

Any words/or phrases to use with the participant (for toileting, compliance, etc.)?

_____

_____

What activities does the participant enjoy most?

_____

_____

_____

Does the participant have a special interest, hobby or collection?

_____

_____

Today's Date: _____ Updated (date/initial): _____ Updated (date/initial): _____

Please describe the participant's understanding of God/relationship with Christ:

Previous church experience:

What would you like to see the participant achieve from this program?

Any additional information to share with us?

Today's Date: _____ Updated (date/initial): _____ Updated (date/initial): _____

Permission/Authorization Agreement

Please read the following statements carefully and initial in the designated space indicating that you have read, understand, and agree to the provisions.

_____ I have fully disclosed to First Baptist Church Forney all pertinent facts and medical conditions about the participant's special needs and accept full responsibility for failure to do so.

_____ I understand that no medication will be administered to the participant by any FBC Forney staff member (paid or volunteer). It is my (the parent/legal guardian) full responsibility to administer all medications and medical procedures prior to or during the service and or special event.

_____ In case of an emergency or accident, I understand that the Forney EMS (911) will be called. I authorize EMS to administer any medical treatment, medication, or appliance deemed necessary by EMS. I also authorize transportation by EMS to the nearest appropriate medical facility, as determined by EMS. I understand that I will be responsible for payment of all EMS, hospital charges, and/or physician fees for emergency services to the participant.

_____ I (will) or (will not) be supplying FBC Forney with personal equipment for the sole use of assisting the participant with their needs during service.

_____ I release FBC Forney and its staff members, both paid and volunteer, from any and all liability in the event any personal equipment used for the participant is damaged or broken in any way.

_____ I hereby grant First Baptist Church Forney permission for photography and/or videography to be used in church sponsored communications (for example, newsletters, brochures, worship folders, video productions, advertisements, etc.)

I have read and initialed the above permission/authorization statements and agree to the terms designated in each.

I have read, completed and understand the attached information. I agree to update and inform FBC Forney in the event of any changes to the attached information and will update annually.

SIGNED: _____ _____ DATE: _____

(Parent or Legal Guardian)

SIGNED: _____ DATE: _____

(Parent or Legal Guardian)