



PORTLAND PARKS & RECREATION

Healthy Parks, Healthy Portland

Inclusion Intake Form:

Portland Parks & Recreation – Adaptive & Inclusive Recreation
(503)-823-4333

Notice: This form must be submitted at least 10 business days prior to your first day of the program. Inclusion services requires that this form be completed/updated annually. Information will be shared on a need to know basis for optimal participant experience. Please fill out all applicable information completely.

Thank You,
Adaptive & Inclusive Recreation

Section One: Participant Information

Name: _____ Phone Number: _____
Address: _____

Gender: Male Female
Age: _____ Date of Birth: _____

*If still in school: School Name, School District Name: _____

Section Two: Parent/Guardian Information

Name 1: _____	Name 2: _____
Address 1: _____	Address 2: _____
_____	_____
Phone 1: _____	Phone 2: _____
E-Mail 1: _____	E-Mail 2: _____

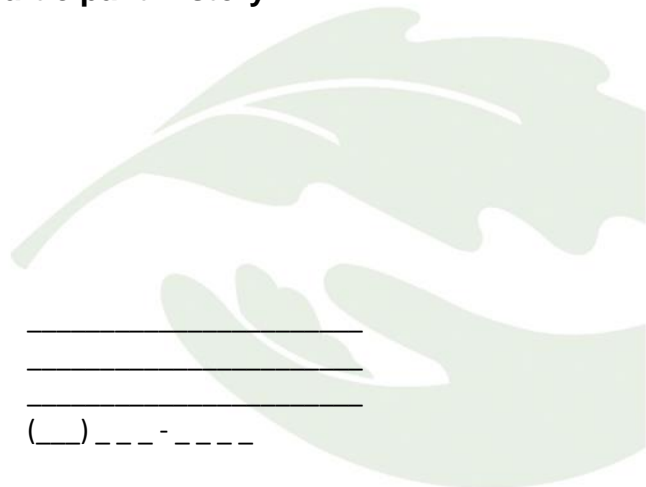
Section Three: Alternate Emergency Contact Information

Name 1: _____	Name 2: _____
Relationship: _____	Relationship: _____
Phone 1: _____	Phone 2: _____

Photo ID will be requested, prior to release of the participant
If there are agreements regarding the custody arrangements, the documentation must be on file.
(If participant is under the age of 18).

Section Four: Accommodation Request / Participant History

Participant's primary needs for inclusion:



Regular Medical Care Provider: Name: _____
Address: _____
Phone: (____) _____-_____

Child/Participant's Current Medications.:
If medication is to be administered, a Medication Management form must be filled out.

Name of medication:	Dosage	Purpose of medication	Side effects

- Medical Information and/or History:
- Seizures
 - Walker
 - Balance Challenges
 - Food Restrictions
 - Sensory Challenges
 - Been exposed to or has contagious or infectious disease
 - Wheelchair
 - Service Animal
 - Allergies
 - Physical Challenges
 - Other

If you checked any box above, please explain:

How will the participant be getting to and from Parks activities (rides from family, TriMet Lift, regular TriMet, etc)?

Please explain any applicable behavior needs

Describe the participant's recreational goals:

Describe the participant's strengths:

Describe the participant's likes:

Describe any unusual fears or concerns:

Does the participant require supervision?: Distant or Close

Does the participant express physical or verbal aggression to others?

Does the participant express physical or verbal aggression to self?

Describe information that may enhance the positive behavior & safety of participant:

Describe any environmental, situational, or other triggers that may upset the participant:

Describe any strategies that may help the participant calm down when they are upset or frustrated?

Does the child/participant have a Behavior Management Plan?

Yes or No Where From? : _____



Please check any applicable statements about the participant, and explain if necessary:

Needs assistance eating/ drinking

Needs assistance Toileting

Needs assistance dressing/undressing

Needs assistance communicating needs

Needs assistance to walk or move wheelchair

Needs assistance transferring from wheelchair

Needs assistance with reading/writing

Needs assistance in using money

Needs assistance in protecting self

Needs assistance anticipating safety needs

The participant may run away from the group

The participant may wander away from the group

Uses Sign Language

Uses hearing aide/device

Precautions in heat/ cold

Needs assistance in orientation to people/place/times

List any known limitations to recreational activities

Needs assistance with swimming pool entry

Does your child/ Participant need to wear a life jacket while in the swimming pool?

Yes or No

Is there anything else we should know?:



ACKNOWLEDGEMENTS, AGREEMENTS & RELEASES ON NEXT PAGE →

Section Five: Acknowledgements, Agreements & Release

I, the undersigned, state that I am the parent(s) or legal guardian(s), or Participant.

Acknowledgements:

I understand:

- it is my responsibility to inform the Inclusion Services for each program my child/dependents signs up for in which I wish to have his/her accommodation in place with 10 days' notice.
- It is my responsibility to inform Inclusion Services about additions or changes to the schedule as soon as a change occurs.
- the participant can only sign up for activities within the appropriate range of age.
- Portland Parks & Recreation does not provide Inclusion Services for drop – in programs.
- Portland Parks & Recreation provides personal care until the age of 12, when such an accommodation is needed.
- it is my responsibility to provide the Adaptive & Inclusive - Inclusion Coordinator with the most current information on my child/dependents & His/her abilities to assist in making accommodation to meet his/her needs. The Adaptive & inclusive - Inclusion Coordinator will then communicate this information to the Inclusion Assistant.
- the participant's Accommodation Plan does not exempt him/her from following the Portland Parks & Recreation Code Of Conduct.
- in case of an Inclusion Assistant emergency, every effort will be made to secure a substitute, if a substitute cannot be found, alternate arrangements may be made for the participant, including schedule changes, other modifications, &/or refunds.

Agreements & Release:

I hereby state that I am voluntarily allowing my/our participant to participate in Portland Parks & Recreation programs, and that I recognize that there are certain risks & dangers inherent in their participation in this type of activity.

I understand the Portland Parks & Recreation cannot and does not guarantee or insure the safety of my/our participant. I am willing to assume any risk, on behalf of myself/ourselves alone, of personal injury or property damage to my/our participant in order to allow him/her/self to participate in this program, except that caused by the sole negligence of Portland Parks & Recreation. I therefore release, Portland Parks & Recreation, its officials, administrators, employees and agents from all liability, claims & causes of actions arising or in any way connected with my/our participation in the above named program, except that caused by the sole negligence of Portland Parks & Recreation.

I hereby freely and voluntarily authorize Portland Parks & Recreation to request and obtain emergency medical care from such medical care provider as is immediately available in any situation which department employees or agents determine such care is required.

I agree to release the information from my child/dependent's IEP (Individualized Education Program) and provide a copy of his/her IEP to Portland Parks & Recreation Inclusion services.

I certify that the above information that I provided is true and correct, and that I have read the above consent to participate and hold harmless agreement and agree to all the terms and conditions of this agreement.

Parent/Guardian signature: _____

Parent/Guardian Name: _____

Date: _____