

Participant Profile

Additional Support / Medical

To best serve the needs of all program participants, we require the following information to assist our Leadership staff. **Please choose the category that best describes the needs of the participant.**

Please send this completed form by email to iris@oakville.ca.
For registration inquiries call 905-815-2000.

Will you provide your own support worker?

Yes No

Participant last name		Participant first name	
Birth date dd mm yy	Home phone	Business phone	Main contact email address
Program	Day	Time	Location

1

Non-life threatening medical condition — eg. ADHD, epilepsy, etc.
Please identify:

2

Life threatening medical condition

Please note that for participants in this category, a Medic Alert or similar identification bracelet is mandatory.

- | | | | |
|--|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Peanut allergy | <input type="checkbox"/> Other: _____ | | |
| <input type="checkbox"/> Bee sting allergy | <input type="checkbox"/> Does participant carry Epi Pen? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Cardiac condition | <input type="checkbox"/> Does participant carry special medication? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Does participant carry insulin? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3

Physical or cognitive disabilities/behaviours

Physical disability

Cognitive disability

Medical diagnosis is: Down's Syndrome Autism Other: _____

Please describe behaviours

4

Vision, hearing or physical disability

- | | | | | |
|-----------------------------------|----------------------------|--------------------------------|----------------------------|-------------------------------|
| <input type="checkbox"/> Vision | <input type="radio"/> Good | <input type="radio"/> Adequate | <input type="radio"/> Poor | <input type="radio"/> Unknown |
| <input type="checkbox"/> Hearing | <input type="radio"/> Good | <input type="radio"/> Adequate | <input type="radio"/> Poor | <input type="radio"/> Unknown |
| <input type="checkbox"/> Physical | <input type="radio"/> Good | <input type="radio"/> Adequate | <input type="radio"/> Poor | <input type="radio"/> Unknown |

Helpful background information

Is extra support required at school? Yes No

Is the participant currently associated with a support agency? Yes No

Is extra support required for basic care? Yes No

Does the disability affect the safety of the participant? Yes No

Tips for Leadership staff

