

A l b e r t a  
**AdaptAbilities**  
A s s o c i a t i o n

## ADAPTABILITIES

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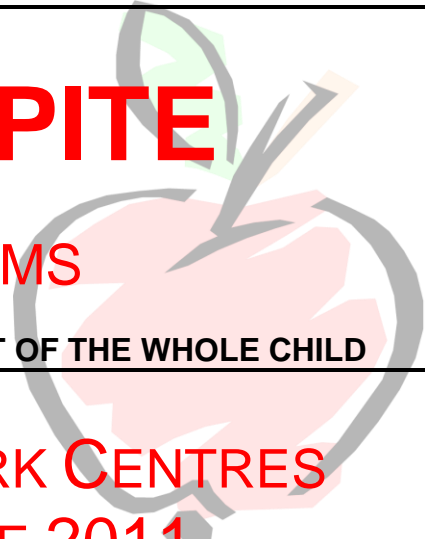
# CENTRE RESPITE

## REGISTRATION FORMS

PROGRAMMING THAT PROMOTES THE DEVELOPMENT OF THE WHOLE CHILD

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MCKERNAN AND MEADOWLARK CENTRES  
SEPTEMBER 2010 – JUNE 2011



# Program Registration Forms

September 2010 – June 2011

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Dear parent or guardian,

AdaptAbilities is excited to offer you and your child/youth a variety of quality goal-directed respite programs and services. Whether you need to run an errand, go to an appointment or are looking for a program that offers consistent routines, skill building activities and/or a place for your child/youth to build friendships, AdaptAbilities offers all of this in a safe and supportive environment. Our programming is based on three major components; expressive arts, recreation and motor development, and essential life skills. We believe that every child/youth can succeed when they participate in an encouraging atmosphere where staff and programming support the individual needs and goals of the child/youth.

In your hands you hold the official registration package for our programs at AdaptAbilities. To ensure successful registration in our program, we suggest that you **read all information thoroughly**. The programs fill up quickly and in order for the registration process to go as smoothly as possible, please ensure that you fill out the registration form completely.

**No incomplete registration forms will be accepted.**

- Any incomplete registration packages will be put onto a waiting list until such time as they are completed.
- Submission of a registration package does **NOT** guarantee acceptance.

There is a lot of information within this package and some of the forms appear complicated. We have done our best to simplify things so please feel free to call us if you require assistance at **780-431-8446**.

Once again we look forward to fostering success and creating meaningful memories while your child/youth is attending our programs.

Sincerely,



Program Director  
Alberta AdaptAbilities Association

## **REGISTRATION SCENARIOS:**

**Scenario I:** Participants able to function in a 1:5 ratio

- Participants are cooperative,
- willing to engage in activities, and/or
- display minimal behaviours

**Scenario II:** Participants able to function in a 1:2 Ratio

- Participants are 6 & under,
- display moderate behaviours and care needs

**Scenario III:** Participants requiring 1:1 ratio

- Participants require supervision and assistance with personal care,
- participation in planned activities, and/or;
- experience high emotional needs and behaviours.

AdaptAbilities has the right to determine the scenario/ratio as part of the registration process.

## **CANDIDATES WHO MAY NOT BE SUITABLE**

Applicants who have the following characteristics are not suitable candidates.

### **Behaviour:**

1. Applicants who pose a threat to self and/or to others (physically or verbally aggressive).
2. Applicants who display a strong tendency towards the destruction of property.

We reserve the right to send home, suspend participants, and/or terminate services for participants who display any of these destructive behaviors.

### **Physical:**

1. Applicants who require more than a 1 person transfer
2. Applicants who require mechanical lifts or other mechanical devices
3. Applicants who require complex medical assistance.

## **BASIS FOR ACCEPTANCE**

Applicants will be accepted on the basis of:

1. Completion of intake (including one time fee)  
**N.B. Only required if participant has never used AdaptAbilities services**
2. **Fully** completed application form
3. Post dated cheques if required (i.e. Out of School Care)
4. Suitability of prospective participant
5. Staff availability
6. Available spaces
7. Past program attendance records

Applicants may be subjected to a waiting list if any of these criteria are not met.



# Funding Confirmation

Funding Agency: \_\_\_\_\_ ID No.: \_\_\_\_\_

Agency Worker: \_\_\_\_\_ Phone #: \_\_\_\_\_

## INTAKE

## Funding Agency

## Parent

One time Intake Fee: \$50.00 (if applicable) \$ \_\_\_\_\_ \$ \_\_\_\_\_

## PROGRAM COSTS – SEPTEMBER - JUNE:

*\*Please see Fees & Billing Pack for more info\**

### **I. Scenario 1 –1:5 Ratio**

▶ \$15.86/hr x \_\_\_\_\_ # of hrs(3 hr min.) x \_\_\_\_\_ # of days \$ \_\_\_\_\_ \$ \_\_\_\_\_

### **II. Scenario 2 – 1:2 Ratio**

▶ \$15.86/hr x \_\_\_\_\_ # of hrs(3 hr min.) x \_\_\_\_\_ # of days \$ \_\_\_\_\_ \$ \_\_\_\_\_

### **III. Scenario 3 – 1:1 Ratio**

▶ \$17.10/hr x \_\_\_\_\_ # of hrs(3 hr min.) x \_\_\_\_\_ # of days \$ \_\_\_\_\_ \$ \_\_\_\_\_

## PROGRAM FEES:

**I. Out of School Program:** \$50.00/month \$ \_\_\_\_\_ \$ \_\_\_\_\_

**II. Respite/HIA Camps/PD Days:** \$5.00-10.00/day† \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 †Regular rate is \$5.00, Field Trips days are \$10.00

**III. Teen Night Program:** \$5-15/activity (brought each wk) \$ \_\_\_\_\_ \$ \_\_\_\_\_

**IV. Drop In: Evening and Weekend Respite** \$5.00/day \$ \_\_\_\_\_ \$ \_\_\_\_\_

## ADDITIONAL FEES:

### **I. Before and After Program Care (for Day Camps only)**

▶ \$ \_\_\_\_\_/hr \_\_\_\_\_ total hrs x \_\_\_\_\_ # of days \$ \_\_\_\_\_ \$ \_\_\_\_\_

### **II. Transportation – Confirmation required by AdaptAbilities.**

▶ \$7.00/ one way \$ \_\_\_\_\_ \$ \_\_\_\_\_

## TOTAL FUNDS REQUIRED

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**\*\*\*Please make cheques payable to AdaptAbilities\*\*\***

Note: \*\*Any funding agency shortfalls are the full responsibility of a parent/guardian.

\*\*All program fees are the responsibility of the parent/guardian.

A Parent/Guardian may direct Alberta AdaptAbilities Association to bill a third party on their behalf with the full understanding that the parent/guardian will honor payment for costs not paid for by the designated third party.

**Child/Youth:** \_\_\_\_\_ **Parent's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Office Use Only:

Funding has been confirmed by:

Agency contract on file  Email  phone with follow up notes

Documentation is attached: \_\_\_\_\_

**Date** \_\_\_\_\_ **Staff Initials** \_\_\_\_\_



## ADAPTIVE EQUIPMENT:

None                      Manual Wheelchair                      Electric Wheelchair                      Walker                      Crutches  
Glasses                      Helmet                      Other: \_\_\_\_\_

## TRANSFER ASSISTANCE:

None                      One Person (Partially Dependent)                      One Person (Fully Dependent)

\* We cannot accommodate more than a one person transfer or a person in need of a mechanical lift

## PERSONAL CARE:

Does your child/youth need assistance with any of the following?

Toileting                      Diapers                      Menstrual care                      Eating                      Drinking                      Dressing

If yes, please explain: \_\_\_\_\_

## COMMUNICATION:

Receptive/Age Appropriate: \_\_\_\_\_

Expressive/Age Appropriate: \_\_\_\_\_

## RECREATIONAL INTERESTS:

Participant enjoys: \_\_\_\_\_

Participant does NOT enjoy: \_\_\_\_\_

## SOCIAL INTERACTION:

Describe: \_\_\_\_\_

## DAILY ROUTINE: (eg snacks, naps, scheduled programs)

Describe: \_\_\_\_\_

All the information provided on this form is complete to the best of my knowledge. I have not withheld any information that will affect the care of my child/youth.

\_\_\_\_\_  
Parent/Primary Contact (print please)

\_\_\_\_\_  
Parent/Primary Contact

\_\_\_\_\_  
Date

### Office Use Only:

Does child/youth require one to one supervision?       Yes       No

**Level of supervision (Ratios):** Inside: \_\_\_\_\_      Field Trips/Community: \_\_\_\_\_

Outside/Playground: \_\_\_\_\_      Swimming: \_\_\_\_\_

Require a lifejacket while swimming?       Yes       No      Flight risk?       Yes       No

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Initials

## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

- |  |            |           |
|--|------------|-----------|
| 1. Has your doctor ever said that your child/youth has heart trouble?  | <b>YES</b> | <b>NO</b> |
| 2. Does your child/youth frequently suffer from pains in his/her heart or chest?   | <b>YES</b> | <b>NO</b> |
| 3. Does your child/youth often feel faint or have spells of dizziness?   | <b>YES</b> | <b>NO</b> |
| 4. Has your doctor ever said that your child/youth has high blood pressure?  | <b>YES</b> | <b>NO</b> |
| 5. Has your doctor ever told you that your child/youth has a bone or joint problem, such as arthritis, that has been or may be aggravated by exercise? | <b>YES</b> | <b>NO</b> |
| 6. Does your child/youth have any perceptual/learning/motor delays?<br>If so, please specify: _____<br>_____<br>_____                                  | <b>YES</b> | <b>NO</b> |
| 7. Is there a good physical reason not already mentioned here why your child/youth should be excluded from any physical activity?<br>_____<br>_____    | <b>YES</b> | <b>NO</b> |
| 8. Does your child/youth have any allergies? If so, please specify.<br>_____<br>_____  | <b>YES</b> | <b>NO</b> |
| 9. Is your child/youth currently taking any medication? If so please list along with any potential side effects: _____<br>_____<br>_____               | <b>YES</b> | <b>NO</b> |

Parent's Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

# Proactive Measures

**Participant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## BEHAVIOUR:

Does your child/youth display any of the following behaviours?

**None      Swearing      Hitting      Biting      Kicking      Refusal      Hair pulling**

Notes: \_\_\_\_\_

Are there certain noises or actions that irritate your child/youth?

Are there specific actions we should recognize to show us your child/youth is upset?

**None      Crying      Withdrawal      Refusal      Yelling      Pouting**  
**Swearing      Screaming      Self harm      Aggression      Faking injury or illness**

Notes: \_\_\_\_\_

Does your child/youth ever display outbursts of negative behavior?      **Yes**      **No**

If yes, please explain and list warning signs prior to your child's/youth's outbursts?

How do you suggest we handle the above behaviors?

**Time out      Removal      Verbal reminder      Counting      Redirection      Quiet time**

Please explain further: \_\_\_\_\_

What forms of intervention work for your child/youth?

Are there any other issues you believe we should be aware of?

**Participant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In order to help us plan and ensure that your child/youth experiences success in the program, we would appreciate some information regarding his/her strengths. Please list the strengths of your child/youth in the following areas; social, communication, gross/fine motor skills, etc.

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AdaptAbilities focuses on “Creating Success – For Life” and integrates three components into our day: Essential Life skills, Expressive Arts, and Recreation and Motor Development. Choose three goals from each component, numbering 1, 2, and 3 - #1 being your highest priority.

## **GOALS:**

### **1. Essential Life Skills** – Skills used in everyday social activities such as:

- |  |   |
|--|---|
| <input type="checkbox"/> Focus on task           | <input type="checkbox"/> Making choices                       |
| <input type="checkbox"/> Increase attention span | <input type="checkbox"/> Respecting space and boundaries      |
| <input type="checkbox"/> Improve communication   | <input type="checkbox"/> Borrowing verses taking              |
| <input type="checkbox"/> Manners                 | <input type="checkbox"/> Taking turns and sharing             |
| <input type="checkbox"/> Problem solving         | <input type="checkbox"/> Proper food choices – healthy snacks |
| <input type="checkbox"/> Anger management        | <input type="checkbox"/> Telling time                         |
| <input type="checkbox"/> Following instructions  | <input type="checkbox"/> Money                                |
| <input type="checkbox"/> Habits of hygiene       | <input type="checkbox"/> Counting                             |
| <input type="checkbox"/> Adapting to change      | <input type="checkbox"/> Increasing independence ie dressing  |

Other: \_\_\_\_\_

### **2. Expressive Arts** – Activities that encourage expression and creativity, such as:

- |  |  |
|--|--|
| <input type="checkbox"/> Drawing               | <input type="checkbox"/> Drama and theatre sports                |
| <input type="checkbox"/> Painting              | <input type="checkbox"/> Increased interest in various art forms |
| <input type="checkbox"/> Building and creating | <input type="checkbox"/> Express feelings through art            |
| <input type="checkbox"/> Singing and/or music  | <input type="checkbox"/> Increase communication through art      |

Other: \_\_\_\_\_

### **3. Recreation & Motor Development** – Leisure activities & fine/gross motor skills such as:

- |   |   |
|---|---|
| <input type="checkbox"/> Running and/or jumping   | <input type="checkbox"/> Playground skills                    |
| <input type="checkbox"/> Throwing and/or catching | <input type="checkbox"/> Playing games with others            |
| <input type="checkbox"/> Swimming and/or bowling  | <input type="checkbox"/> Interest in active living activities |
| <input type="checkbox"/> Climbing and/or swinging | <input type="checkbox"/> Sensory activities (specify) _____   |
| <input type="checkbox"/> Improved coordination    | <input type="checkbox"/> Printing                             |
| <input type="checkbox"/> Improved balance         | <input type="checkbox"/> Colouring within the lines           |

Other: \_\_\_\_\_

**If you have any questions or need some suggestions, feel free to contact us at (780) 431-8446.**

## **MEDICAL INFORMATION:**

Alberta Health Care #: \_\_\_\_\_

Do you have health insurance (e.g. Blue Cross) **Yes No**

In the case of an emergency, we will be calling an ambulance.

*N.B. family is responsible for the full cost of the ambulance, if it not covered by insurance*

## **PHYSICIAN(S):**

1) Name: \_\_\_\_\_ Address \_\_\_\_\_ Ph # \_\_\_\_\_

2) Name: \_\_\_\_\_ Address \_\_\_\_\_ Ph # \_\_\_\_\_

Hospital preferred: \_\_\_\_\_ Ph #: \_\_\_\_\_

Does your child/youth have any of the following medical conditions:

**Allergies:** \_\_\_\_\_

Reaction: \_\_\_\_\_

Recommended treatment for reactions: \_\_\_\_\_

**Drug allergies:** \_\_\_\_\_

Reaction: \_\_\_\_\_

Treatment: \_\_\_\_\_

**Seizures: Yes No**

Type: \_\_\_\_\_ Frequency: \_\_\_\_\_

Duration: \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

Reaction: Before: \_\_\_\_\_ During: \_\_\_\_\_

After: \_\_\_\_\_

**Diabetes: Yes No**

Is your child/youth on insulin? **Yes No**

How often does he/she need to check their blood sugar levels? \_\_\_\_\_

Does he/she need assistance? **Yes No**

Notes: \_\_\_\_\_

**Communicable Disease(s)? Yes No**

If yes, what is the diagnosis?: \_\_\_\_\_

## SPECIAL DIETARY NEEDS:

Does your child/youth have a G-tube?    **Yes**    **No**

If Yes G-Tube Care Sheet is required to be completed (request form from office).

Food preparations:

**None**                      **Soft**                      **Diced**                      **Pureed**                      **Thickened liquids**

Notes: \_\_\_\_\_

\_\_\_\_\_

May **NOT** consume the following:

**Dairy**            **Sugar**            **Gluten**            **Eggs**            **Nuts**            **Other:** \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

## FREQUENT HEALTH PROBLEMS:

Is your child/youth prone to any of the following?

**Fainting**    **Asthma**    **Respiratory problems**    **Heart problems**    **Dizziness**    **Infections**  
**Headaches**    **Migraines**    **Low blood pressure**    **Faking illness**    **High blood pressure**

Please Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child/youth **unable** to participate in any physical activities for any reason?

\_\_\_\_\_

\_\_\_\_\_

What intensity of physical activity is reasonable for your child/youth?

**Light**            **Moderate**            **Heavy**

Are there any other health concerns that you would like us to be aware of?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Medication Release

Will your child/youth require medication while at AdaptAbilities' programs?

**Yes** (Complete all areas below)

**No** (Please sign and date the bottom)

Name of Individual *Receiving* Medication: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Type of Medication\*:

**Prescription (only those to be administered at AdaptAbilities)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



**Non Prescription (only those to be administered at AdaptAbilities)**

1. \_\_\_\_\_
2. \_\_\_\_\_

**Instructions for the Administration of Medication:**

**Prescription (only those to be administered at AdaptAbilities)**

1. Time: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Instructions: \_\_\_\_\_
2. Time: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Instructions: \_\_\_\_\_
3. Time: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Instructions: \_\_\_\_\_

**Non Prescription (only those to be administered at AdaptAbilities)**

1. Time: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Instructions: \_\_\_\_\_
2. Time: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Instructions: \_\_\_\_\_

**Instructions for Returning Medication(s):**

Medication(s) should be returned **Daily** **Weekly** **To be refilled**

**Side Effects:**

Are there any side effects that we should be aware of? \_\_\_\_\_

\*Medication includes prescription medications, over-the-counter medications, and herbal remedies.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_, Edmonton, Alberta.

\_\_\_\_\_  
Parent/Primary Contact (print please)

\_\_\_\_\_  
Signature of Parent/Primary Contact

\_\_\_\_\_  
AdaptAbilities' Coordinator

\_\_\_\_\_  
Signature of Coordinator



# Assumption of Risk

Alberta AdaptAbilities Association strives to provide awareness of risks associated with each of the programs/activities it offers.

As a parent/guardian, I \_\_\_\_\_ understand that there are risks/dangers, which are inherent to each specific activity provided by Alberta AdaptAbilities Association for \_\_\_\_\_ (Child's Name). These risks include, but are not limited to, the loss of personal property, the possibility of physical injury to your child/youth and other participants, such as muscle strain, broken bones, concussion, soft tissue damage, infectious disease, etc., including the possible risk of severe or fatal injury.

As a parent/guardian I understand it is my responsibility to ascertain if there are any health conditions which make it inadvisable for participation in an Alberta AdaptAbilities Association program. I also understand that I am responsible for any medical treatment or costs, which may incur because of my child/youth's participation.

I, the parent/guardian remise, release and forever discharge Alberta AdaptAbilities Association, its heirs, successors, executives, administrators, directors, officers, employees, insurers, agents and assigns of and from any and all manner of actions, causes of action, suits, debts, costs, claims, damages whatsoever arising out of or in consequence of any loss, injury or damage of any kind sustained by participants in an Alberta AdaptAbilities Association program, unless such injury was caused solely by the negligence of Alberta AdaptAbilities Association staff. In the event of an accident, I give permission for qualified Alberta AdaptAbilities Association staff to administer first aid and/or CPR, and/or take my child/youth to a physician.

I understand that I will be responsible for the cost, in full, of any transportation, to and from the hospital or location of treatment, including but not limited to ambulance transportation.

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT**, that I understand, appreciate and accept the risks associated with my child/youth's participation in an Alberta AdaptAbilities Association program. As the parent/guardian for the participant, I consent for my child/youth's participation in Alberta AdaptAbilities Association programs, from **September 1, 2010 – June 30, 2011**.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_, Edmonton, Alberta.

\_\_\_\_\_  
Parent/Primary Contact (print please)

\_\_\_\_\_  
Signature of Parent/Primary Contact

\_\_\_\_\_  
AdaptAbilities' Coordinator

\_\_\_\_\_  
Signature of Coordinator



# Photo Disclosure

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Parents/Primary Contact,

RE: Pictures – Alberta AdaptAbilities Association

AdaptAbilities continues to be a leader in special needs programming within the City of Edmonton and we strive to provide quality service to our clients.

To keep the legacy of our programming alive and to market our programs further, we would like to promote our program to prospective and current participants by displaying our participants involved in activities planned by Alberta AdaptAbilities Association.

Please check the appropriate boxes for photo disclosure of pictures taken from **September 1, 2010 – June 30, 2011.**

**Participant's Name:** \_\_\_\_\_

- Yes**, pictures can be used externally at the discretion of AdaptAbilities, ie. advertising purposes.
- Yes**, pictures can be taken of my child/youth and can only be used internally, ie. within our program.
- No**, I would not like pictures taken of my child/youth. However, I understand that pictures may be taken within Alberta AdaptAbilities Association programs and there may be a possibility that my child/youth will be situated within some photos. AdaptAbilities will not use my child/youth's photo in any manner if this were to occur.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_, Edmonton, Alberta.

\_\_\_\_\_  
Parent/Primary Contact (print please)

\_\_\_\_\_  
Signature of Parent/Primary Contact

\_\_\_\_\_  
AdaptAbilities' Coordinator

\_\_\_\_\_  
Signature of Coordinator

## Parents/Primary Contact

RE: Field Trips

Alberta AdaptAbilities Association wants to ensure a well-rounded experience for your child/youth and our aim is to provide programs that focus on the *development of the whole child physically, socially, mentally, and emotionally within a safe and caring environment.*

To achieve the development of the whole child/youth, Alberta AdaptAbilities Association and its programs utilizes as many resources within our community as possible to provide your child/youth with the best experience; thus, programs may include field trips. Transportation for all field trips may be accessed through the use of the Edmonton Transit System (ETS), a chartered bus company, a City of Edmonton Cab company, and/or the personal vehicle of an AdaptAbilities' employee. Walking field trips may also occur.

As such, with your signing and returning of this letter, you give permission for your child/youth to attend all Alberta AdaptAbilities Association outings regardless of the mode of transportation.

Parents/guardians must be able to be reached and available to pick up their child immediately at anytime during an AdaptAbilities' program due to emergency situations, sickness, or behaviours.

By signing this form you are stating that you understand and accept the risks as outlined in the **Assumption of Risk** form previously completed. Alberta AdaptAbilities Association, its programs and its employees make every effort to ensure the safety of your child/youth while they attend any program held by Alberta AdaptAbilities Association. Trips are an opportunity to reinforce learning and experiences undertaken while your child/youth has been involved in our program.

I, hereby give permission to AdaptAbilities to take \_\_\_\_\_ on all outings planned by Alberta AdaptAbilities Association from **September 1, 2010 – June 30, 2011.**

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_, Edmonton, Alberta.

\_\_\_\_\_  
Parent/Primary Contact (print please)

\_\_\_\_\_  
Signature of Parent/Primary Contact



# Sunscreen and Bug Spray Waiver

---

Staff may apply sunscreen

Participant's Name: \_\_\_\_\_

Staff may apply bug spray

Application Notes: \_\_\_\_\_

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I, \_\_\_\_\_ do release all employees of AdaptAbilities to apply and/or assist in applying bug spray and sunscreen, whenever necessary, to my child/youth, or any child/youth entrusted to my care, between **September 1, 2010 – June 30, 2011**.

I, the parent/guardian remise, release and forever discharge Alberta AdaptAbilities Association, its heirs, successors, executives, administrators, directors, officers, employees, insurers, agents and assigns of and from any and all manner of actions, causes of action, suits, debts, costs, claims, damages whatsoever arising out of or in consequence of any loss, injury or damage of any kind sustained by a child/youth due to the application of sunscreen or bug spray by Alberta AdaptAbilities Association or an employee of Alberta AdaptAbilities Association, unless such injury was caused solely by the negligence of Alberta AdaptAbilities Association or staff. In the event of an accident or allergic reaction, I give permission for qualified Alberta AdaptAbilities Association staff to administer first aid and/or CPR, and/or take my child/youth to a physician.

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT**, that I understand, appreciate, and accept the risks associated with the application of sunscreen and/or bug spray to my child/youth by Alberta AdaptAbilities Association or an employee.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_, Edmonton, Alberta.

\_\_\_\_\_  
Parent/Primary Contact (print please)

\_\_\_\_\_  
Signature of Parent/Primary Contact

\_\_\_\_\_  
AdaptAbilities' Coordinator

\_\_\_\_\_  
Signature of Coordinator



# Pick Up Release

I, \_\_\_\_\_, do release my child/youth or any child/youth entrusted to my care, to the below mentioned person(s) upon pick up.

#	Name in Full	Day/Dates	Notes
1			
2			
3			

I, the parent/guardian remise, release and forever discharge Alberta AdaptAbilities Association, its heirs, successors, executives, administrators, directors, officers, employees, insurers, agents and assigns of and from any and all manner of actions, causes of action, suits, debts, costs, claims, damages whatsoever arising out of or in consequence of any loss, injury or damage of any kind sustained by child/youth released, by Alberta AdaptAbilities Association or an employee of Alberta AdaptAbilities Association, into the care of the above mentioned person(s), unless such injury was caused solely by the negligence of Alberta AdaptAbilities Association or staff.

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT**, that I understand, appreciate, and accept the risks associated with releasing my child/youth, or any child/youth entrusted to my care, into the care of the above mentioned people.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_, Edmonton, Alberta.

\_\_\_\_\_  
Parent/Primary Contact (print please)

\_\_\_\_\_  
Signature of Parent/Primary Contact

\_\_\_\_\_  
AdaptAbilities' Coordinator

\_\_\_\_\_  
Signature of Coordinator

# Release of Information

## AUTHORIZATION FOR THE RELEASE/EXCHANGE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_ hereby authorize the release and exchange of any information including personal information, which would otherwise by law be considered to be privileged and private information to/from/between the following agency(s)/individual(s)/professional(s).

List Agency/Individual/Professional	
<input type="checkbox"/>	Funding Agency (Specify):
<input type="checkbox"/>	School/Teacher (Specify):
<input type="checkbox"/>	Social Worker (Specify):
<input type="checkbox"/>	Other (Specify):

*I choose not to authorize release of the following information including:*

\_\_\_\_\_

\_\_\_\_\_

This authorization shall be in effect for the following period: \_\_\_\_\_

or, unless stated, for one year from the date of signature.

- I understand that I may revoke this consent at any time by doing so in writing.
- Any additional changes will require a new signature and corresponding date.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_