

Special Needs Information



Please print clearly if completing paper copy.

Date: _____

Program / Camp: _____

Ratio of care requested: _____

Pool: _____

Personal Information

Participant Name: _____ Age: _____ Gender: M F Other

Address: _____

Postal Code: _____ Phone #: _____

Name of Parent/Guardian: _____

Phone #: Home: _____ Cell: _____ Other: _____

Email: _____

Email address is mandatory as this will be the primary method of communication.

Participant Disability Yes No

Please provide detailed information of the functional limitation. Doctor's note stating that a disability exist is required for participation in swimming.

Emergency Contact

1. Name: _____ Relationship: _____

Phone #: Home: _____ Cell: _____ Other: _____

2. Name: _____ Relationship: _____

Phone #: Home: _____ Cell: _____ Other: _____

3. Name: _____ Relationship: _____

Phone #: Home: _____ Cell: _____ Other: _____

Support Required

Which organization you are currently receiving support from?

Name: _____ Dates: _____

Contact Name: _____ Phone #: _____

Type of Support: _____ Can we contact them if needed? Yes No

School Setting

N/A

Integrated

Non-Integrated

Integrated Part-Time

EA/CYW

Other Comments:

Is there a safety plan in place? Yes No

If yes, can we obtain a copy if necessary? Yes No

Behaviours exhibited:

Triggers for behaviours:

Outline Interaction with others (i.e. Group participation/interaction with own age group):

Fears / Anxieties:

Scheduling:

Other important information:

Medical Information

A. Medication / Auto-Injector / Health Concern:

Note: An Auto-Injector or Medication Form must be completed and signed by the parent/guardian before staff is able to assist in medication distribution. Staff are only permitted to do "hand-over-hand" administration of medication. Medication must be handed to staff at sign-in.

Child has medication to take during the day? Yes No

If 'yes', Medication Name:

How are they taken? Water Jam Other _____

Time of day to be taken: Before eating Lunchtime After eating Other _____

Any difficulties taking medication? Yes No

If 'yes', Please specify:

B. Seizures: Yes No

If 'yes', Type: _____ Controlled: _____

Frequency: _____ Duration: _____ Warning signs: _____

Preferred action taken: _____

C. Feeding & Eating Assistance:

Minimal assistance Medium assistance Full assistance

D. Allergies: Yes No

If 'yes', List: _____ Carries Epipen: Yes No

Other Information:

Accomodations Required

A. Recreational Activity Assistance:

Activities they participate in? 1. _____
2. _____
3. _____

Support required during activity: Yes No

Inclusion techniques (i.e. change rules, equipment, outcome, etc.):

Staff / Leisure Buddy (explain):

B. Toileting Assistance:

Minimal assistance Medium assistance Full assistance Diapers Catheter

Other: _____

Comments:

C. Physical Mobility:

Needs assistance walking Needs assistance with a wheelchair Needs assistance with stairs

Other: _____

Please describe any difficulties she/he may have throughout his/her recreational activity:

D. Assistive Devices / Special Adaptations:

Please specify (i.e. glasses, helmet, wheelchair, prosthetic, etc.):

Communication

Select the most appropriate mode(s) of communication: Verbal Sign language PCS Gestural

How are the basic wants and needs expressed?

A. Expressive Communication:

Rate using the following scale: **N - Never** **S - Sometimes** **A - Always**

___ Communicates single words ___ Spontaneous communication ___ Echolalic
___ Communicates phrases ___ Asks questions ___ Perseverate

Additional comments (i.e. participant responds to words, 'sit', not 'please sit down'):

B. Repetitive Communication:

Rate using the following scale: **N - Never** **S - Sometimes** **A - Always**

___ Comes when called by name ___ Follows simple instructions ___ Responds to sign language
___ Answers questions ___ Follows complex instructions ___ Responds to PCS
___ Stop activity in response to, 'No' or 'Stop' ___ Responds to written direction

How does the person react when this communication is unsuccessful or not understood?

Behaviour

Please provide suggestions to deal with specific behaviour.

Rate using the following scale: **0 - No** **1 - Less than once/week** **2 - Less than once/day** **3 - More than once/day**

___ Resistant to change ___ Temper tantrums ___ Sexual appropriateness
___ Hyperactive ___ Self-injurious* ___ Profane language
___ Crying / whining ___ Aggressive to others*

*Please describe participant's self injurious and aggressive behaviours:

Please describe participant's behaviour when he/she:

- can't make self understood: _____
- is denied a request: _____
- is in a new environment: _____
- is in a noisy environment: _____

Please list all antecedents to behavioural problems:

Describe effective methods of dealing with inappropriate behaviour:

Swimming

Doctor consent for swimming: Yes No

Provide a doctor's certificate that your child has a disability and one-on-one swimming is recommended.

Doctor's note or certificate attached: Yes No

A. Swimming Experience:

Has the person had swimming lessons before? Yes No

Can the participant swim? (2 widths of the pool and tread water for 1 minute) Yes No

If 'yes', please bring previous report card, indicating level, to the instructor on the first day. Last completed level: _____

B: Swimming Assistance:

Minimal assistance Medium assistance Full assistance

Comments:

Please explain how the disability will affect the person in the water:

Participant goals (Note: 1:1 swimming lessons will be lead through skill based activities focusing on an individualized approach):

C: Mobility:

Minimal assistance Medium assistance Full assistance Splints Walker Wheelchair

Other: _____

Please describe any difficulties he/she may have throughout his/her lessons:

Notes to the instructor that would be helpful in teaching the participant:

PLEASE NOTE: Provide a doctor’s certificate that your child has a disability and one-on-one swimming is recommended.

Please return this information form to the program coordinator **before the first lesson**. If there are any changes to the above information, advise the coordinator immediately. **The Inclusion & Community Services Specialist may be reached at specialneeds@vaughan.ca.**

Special Needs Information Forms must be updated every two (2) years for children 3-12 years old and four (4) years for children 13+ years old.

I verify the above information to be correct to the best of my knowledge.

Signature of Parent/Guardian _____ Date: _____

Authorization

*I agree that by registering for this City of Vaughan Program, I will be bound by all of the terms and conditions of the City with respect to such programs, including those contained in the **COVID-19 Acknowledgement, Release and Indemnity Agreement** (the "Agreement") found below. I agree to review the content of the Agreement prior to registering in any program, in particular with respect to provisions intended to control the spread of the COVID-19 pandemic and penalties for non-compliance with all City provisions. I agree that if I do not consent to any of its terms or conditions I will not register for any City of Vaughan programs.*

I also hereby grant permission to the City of Vaughan or its representative to contact 911 in order to make arrangements for the transportation of any registrants named on this form to a local doctor or hospital for medical treatment if deemed necessary by the City. I hereby release and discharge, and agree to indemnify and save harmless the City of Vaughan from and against all claims or proceedings in respect of any costs/losses incurred, and damage/injury experienced as a result of, or arising out of my/our registration and/or attendance in this program. By registering in this program I agree to having any required emergency and/or medical procedures administered to any registrants. On behalf of all registrants, I accept all inherent risks associated with the program, whatever they may be.

This form may contain personal information as defined under the Municipal Freedom of Information and Protection of Privacy Act. This information is collected under the legal authority of the Municipal Act, 201, S.O. 2001 c.25, as amended. This information will be used by the City of Vaughan and will become a part of Recreation Services files, where applicable. Questions regarding this collection may be directed to the Director of Recreation Services, City of Vaughan, 2141 Major Mackenzie Drive, Vaughan, Ontario L6A 1T1, 905.832.8500.

Signature of Parent/Guardian _____ Date: _____

Office Use Only:

Staff Comments:

Staff Name: _____ Date: _____