



CUSR Annual Information Form (AIF)

The AIF contains extremely important participant information which is necessary for CUSR staff to plan and execute safe and enjoyable programs. This form will be updated at beginning of each calendar year.

Date: _____
 Participant Name: _____ Legal Guardian: _____
 Sex: M ____ F ____ Date of Birth: ____/____/____ Height: ____ Weight: ____
 Participant Address: _____ City: _____ Zip: _____
 Primary Number: () ____-____ Secondary Number: () ____-____
 Primary Disability/Diagnosis: _____
 Parent/Guardian Name: _____ Email: _____
 Parent/Guardian Address: _____ City: _____ Zip: _____
 Parent/Guardian Phone Number: H () ____-____ W () ____-____
 Emergency Contact Name: _____ Phone Number: () ____-____
 Case Worker's Name: _____ Phone Number: () ____-____

Authorization for Emergency Medical Treatment

I authorize CUSR to arrange for emergency medical treatment, in the event of an injury to my child, or me, and in the event that I or my designated emergency contact cannot be reached by CUSR.

Signature of Participant, Parent, or Guardian _____
Date

Medical Information

Preferred Hospital: _____
 Doctor's Name: _____ Phone Number: () ____-____

Please list all medications the participant is taking, even if it will not be dispensed during program. A medication dispensing form must be obtained, signed, and returned to CUSR in order for staff to assist with dispensing.

MEDICATION	DOSAGE	FREQUENCY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does the participant self-medicate? YES ____ NO ____
 Does participant need a reminder to take medication? YES ____ NO ____
 Does the participant have any allergies? YES ____ NO ____
 If yes, please explain: _____

Is participant subject to seizures? YES _____ NO _____
If yes, please list the duration, frequency, and date of last seizure: _____

Are seizures controlled by medication? YES _____ NO _____
Are there any doctor's restrictions? YES _____ NO _____
If yes, please explain: _____

If participant has Down's Syndrome, have x-rays of the C-1 and C-2 vertebrae been taken and examined? YES _____ NO _____

Is participant clear of Atlanto Axial Subluxation? YES _____ NO _____

Does participant use any of the following:

Hearing Aid(s)	YES _____	NO _____	SOMETIMES _____
Corrective Eyewear	YES _____	NO _____	SOMETIMES _____
Orthopedic or Prosthetic Devices	YES _____	NO _____	SOMETIMES _____
Manual Wheelchair	YES _____	NO _____	SOMETIMES _____
Electric Wheelchair	YES _____	NO _____	SOMETIMES _____
Walker	YES _____	NO _____	SOMETIMES _____
Cane	YES _____	NO _____	SOMETIMES _____

Recreation Information

Can participant swim independently? YES _____ NO _____ SOMETIMES _____

Does participant use a floating device while in water? YES _____ NO _____ SOMETIMES _____

Does participant need 1:1 supervision in water? YES _____ NO _____ SOMETIMES _____

Is participant able to stay with a group? YES _____ NO _____ SOMETIMES _____

Can participant be left alone after a program has ended to wait for a ride?

YES _____ NO _____

Can participant get home without supervision (walk, public transportation, etc)?

YES _____ NO _____

Daily Living Skills/Communication/Behavior Information

Does the participant require assistance with any of the following?

Eating/Drinking	YES _____	NO _____	SOMETIMES _____
Toileting	YES _____	NO _____	SOMETIMES _____
Dressing/Undressing/Tying Shoes	YES _____	NO _____	SOMETIMES _____
Money Handling	YES _____	NO _____	SOMETIMES _____
Following Directions	YES _____	NO _____	SOMETIMES _____
Orientation to people, place, time	YES _____	NO _____	SOMETIMES _____
Anticipation of safety needs	YES _____	NO _____	SOMETIMES _____
Reading	YES _____	NO _____	SOMETIMES _____
Writing	YES _____	NO _____	SOMETIMES _____
Communication	YES _____	NO _____	SOMETIMES _____

Circle any communication tools that the participant uses:

American Sign Language

Communication Board/Book

Personal Signs/Gestures

Are there any additional comments or concerns we should know about this participant?

CUSR may use pictures taken at programs for publicity use. Is this okay? YES ___ NO ___