



Champaign-Urbana Special Recreation

A joint program between the Champaign and Urbana Park Districts

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 _____

Sex: M ____ F ____ Date of Birth: ____/____/____ Height: ____ Weight: ____

Participant Address: _____ City: _____ Zip: _____

Participant Phone Number: H () _____ - _____ W () _____ - _____

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 _____

Medical Information (continued)

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 _____

Does participant need 1:1 (1 participant to 1 assigned staff)? YES _____ NO _____

If yes, please select reason from below:

- Elopement Risk _____
 - Exhibit physical aggression during outburst _____
 - Complex medical needs _____
 - Other (can write in needs or comments here) _____
-

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 _____
Remain appropriately clothed for the duration of the program	YES _____	NO _____	SOMETIMES _____

Check any communication tools that the participant uses:

American Sign Language _____

Communication Board/Book _____

Personal Signs/Gestures _____

Please list any signs of overstimulation and beneficial behavior management techniques to use:
