



Student Information Form

Liability, Medication and Photo Release

KindTree-Autism Rocks requires that any individual registered in a STiLE training complete this form. It will be kept on file and only shared with trainers and volunteers working directly with you. Mail the completed form to KindTree-Autism Rocks/STiLE P.O. Box 40847, Eugene, OR 97405.

Name: _____ Male _____ Female _____

Address: _____ City _____ Zip _____

Email Address _____ Date of Birth ___/___/___

Height: _____ Weight: _____ Hair color: _____

Home Phone _____ Cell Phone _____ Message Phone _____

Primary Guardian: _____

Please provide us with the following information so we can better serve your needs.

EMERGENCY CONTACT INFORMATION

Name of parent(s), home provider, or designated contact: _____

Phone: (day or evening) _____ (work) _____ (cell) _____

Email: _____ Address _____

City _____ State _____ Zip _____

Relationship to you: _____ Name of Service Coordinator: _____

Primary Doctor's Name: _____ Dentist's Name: _____

Medical insurance Company: _____ Policy # _____

Clinic or Hospital of choice: _____

Are you able to give consent for medical treatment in event of emergency: No Yes

HEALTH & SAFETY INFORMATION

Are you currently taking any prescriptive medications? No Yes

Are you able to take medications independently? No Yes

If you answered no to the above question, please read and initial the following. I give permission to the KindTree-Autism Rocks STiLE instructors to assist me in taking prescription medications if needed during training. I will supply the medication in its original prescription vial showing dosage, times, and amounts. _____ Initials

Do have any allergies to food, medicine, and/or insect bites? No Yes If yes, please explain: _____

Do you experience seizures: No Yes If yes, please describe the type and frequency: _____

Do you have any life threatening conditions that could require medical intervention such as heart problems, diabetes, or unexplained falls? No Yes If yes, please explain _____

Please share any other important and pertinent medical, health, or safety information in the space below. This information is considered confidential and will be shared only to ensure your safety and welfare.

BEHAVIORAL INFORMATION

Are you on any management plan for behavior? No Yes If yes, please attach the plan to this form.

Please check if the following situations or events that may be triggers:

Loud Noises Large/open space(s) Internal Temperature (hot/cold) Animals
 Weather Odors/Smells Crowded Places Small/Closed space

Please add any additional information concerning triggers or conditions that we should be aware of and/or any helpful accommodations or supports that would be helpful.

SUPPORTS AND ACCOMMODATIONS

Please check the level of support you need to complete the following activities

Activity		No Support	Some Support	Full Support
Self Help				
1.	Toileting and Hygiene			
2.	Select, purchase and care for clothing			
3.	Plan and prepare meals			
4.	Eating and drinking			
5.	Dressing and undressing			
Community Involvement				
1.	Uses public transportation			
2.	Participates in community recreation			
3.	Attends public events and activities			
4.	Counts money and uses banking services			
5.	Interacts with others in the community			
6.	Schedules appointments			
Advocacy and Self-Determination				
1.	Attends education and skills training classes			
2.	Makes choices and decisions			
3.	Protects self from harm			
4.	Uses self-management strategies			
5.	Advocates for self			
6.	Advocates for others			
7.	Sets goals for self			

HEALTH AND DISABILITY INFORMATION

The following information is required

Primary Disability: _____

Secondary Disability: _____

RELEASE FROM LIABILITY AGREEMENT

I understand that KindTree-Autism Rocks' STiLE trainings are offered with the utmost thought, work, and prudence and with the safety of the participants in mind.. Medical insurance coverage is not provided for individuals. In consideration of the right to participate, each participant must acknowledge there are risks inherent in any kind of activity, and must agree to assume those risks on his/her own behalf, release and holding harmless KindTree-Autism Rocks, its officers or agents from all claims for injury or losses suffered from participation. An additional Release from Liability Agreement, signed by the participant or guardian, may be required for participation in some activities. Photographs of students in training and activities may be used for publicity purposes without compensation or permission. Registration and/or payment of any registration fee shall be deemed an admission of agreement to the terms stated above.

Signature _____ Dated _____

