



KindTree – Autism Rocks Student Information Health & Safety Form 2022

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 97404.

Your Full Name:

Your Preferred Name:

Gender:

- Male
- Female
- Non-Binary
- Prefer Not to Answer

Address:

City:

State:

Zip:

Email:

Date of Birth:

Primary Phone #:

Other Phone #:

Height:

Weight:

Hair Color:

EMERGENCY CONTACT INFORMATION

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

Are you able to give consent for medical treatment in event of emergency:

Yes

No

Name of Designated Contact:

Primary Phone #:

Relationship to You:

Name of Primary Guardian:

Primary Phone #:

(If different from Designated Contact)

Email: (Designated Contact)

Address: (Designated Contact)

City:

State:

Zip:

Name of Service Coordinator:

Primary Doctor's Name:

Dentist's Name:

Medical Insurance Company:

Policy #:

Clinic or Hospital of Choice:

HEALTH & SAFETY INFORMATION

This information is confidential and will be shared only to ensure your safety and welfare.

Primary Disability:

Secondary Disability:

Are you fully vaccinated for Covid? (Proof required for all in-person sessions) Yes / No

Are you currently taking any prescriptive medications? Yes / No

Are you able to take medications independently? Yes / No

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 medications if needed during training. I will supply the medication in its original prescription vial showing dosage, times, and amounts. Initials Here: _____

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

Do you experience seizures: Yes / No
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? Yes / No
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?

Yes / No

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.

Please share any other important and pertinent medical, health, or safety information in the space below

SUPPORTS AND ACCOMMODATIONS

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

Self Help

Activity	No Support	Some Support	Full Support
Toileting and Hygiene			
Select, purchase and care for clothing			
Plan and prepare meals			
Eating and drinking			
Dressing and undressing			

Community Involvement

Activity	No Support	Some Support	Full Support
Uses public transportation			
Participates in community recreation			
Attends public events and activities			
Counts money and uses banking services			
Interacts with others in the community			
Schedules appointments			

Advocacy and Self-Determination

Activity	No Support	Some Support	Full Support
Attends education and skills training classes			
Makes choices and decisions			
Protects self from harm			
Uses self-management strategies			
Advocates for self			
Advocates for others			

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.

Participant Signature:

Date:

Primary Guardian Signature:

Date:
