

Northern Will County Special Recreation Association

Annual Information Form

January 2021 – December 2021

To register for any NWCSRA programs, an Annual Information Form must be on file for the current year. It is the responsibility of the parents/guardians to keep this form up to date and accurate. Return this form to NWCSRA, 10 Montrose Drive, Romeoville IL 60446.

Participant Information:

Name: _____ Age: _____ Date of Birth: ____/____/____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Email: _____

Primary Disability: _____ Secondary Disability: _____

Current Medication/Dose/Frequency: _____

Can participant self-administer medication? Yes No

Will medication(s) be dispensed at NWCSRA programs? Yes No

**If yes, complete the Medication Dispensing Waiver that can be found on our website and return to NWCSRA.*

Allergies: _____ Dietary Restrictions: _____

Is the participant subject to seizures? Yes No

**If yes, please complete the Seizure Information Form that can be found on our website and return to NWCSRA.*

If participant has Down Syndrome, has he/she been tested for Atlanto-Axial Instability? Yes No

**If yes, were results positive? _____ If so, please attach a copy of medical exam.*

Parent/Guardian Contact Information:

Name: _____ Relationship: _____

Home: _____ Cell: _____ Work: _____

**Place a checkmark beside the phone number you would like us to use first.*

Second Emergency Contact: _____ Relationship: _____

Home: _____ Cell: _____ Work: _____

**Place a checkmark beside the phone number you would like us to use first.*

Daily Living Skills:

Eating Eats Independently Needs to be Monitored Needs Assistance Explain _____

Bathroom Toilets Independently Needs to be Monitored Needs Assistance Explain _____

Swimming Swims Independently Cannot Swim Independently Fear of Water

Mobility Walks Independently Uses a Wheelchair Other Assistive Devices Explain _____

Communication Verbally speaks Uses Sign Language Has difficulty expressing needs Gestures/Points

Uses hearing devices Uses a communication board/schedule/pictures

Interaction/Socialization Skills:

- Social Interaction** Initiates social interaction Socializes with verbal prompting Avoids social interactions
- Prefers Being** Alone with Peers with Adults Explain_____
- Is Most Successful in** Large Groups Small Groups Explain_____
- Responds Better to** Males Females Either Explain_____

Behavior/Conduct:

- Sensory Sensitivity** Noise Sound Touch Bright Lights Other
Explain_____
- Following Directions** Follows Directions Independently Needs Verbal Prompting Needs Step-by-Step Assistance
Explain_____
- Please check all that apply** Short attention span Easily distracted Hyperactivity Verbal outbursts
- Physical aggression to others Self-abusive behaviors Tantrums/meltdowns Tendency to run or wander off

If you checked yes to any behaviors above, please provide a detailed explanation: _____

What are the known triggers to the behaviors above? _____

Does the participant use a specific behavior plan? Yes No

If yes, explain: _____

Personal Interests/Goals:

Favorite quiet activities_____ Favorite active games _____

Food_____ Color _____ Hobbies _____

Please identify any goals parents/guardians would like to see worked on with your child: _____

Transportation:

NWCSRA programs/special events could involve participants being transported in NWCSRA vehicles.
 Permission to transport participant in NWCSRA vehicles: Yes No

If yes, which centralized pick up/drop off location would you utilize for programs that offer centralized pick up/drop off.
 NWCSRA Office, Romeoville Plainfield Bolingbrook Lockport

Releases:

Permission to be photographed at programs/special events Yes No

Permission for NWCSRA staff to allow participant to remain after programs independently? Yes No

**If yes, complete the Independent Departure Waiver that can be found on our website and return to NWCSRA.*

Participant or Parent/Guardian Signature

Date