

PARTICIPANT PROFILE

Participant name: _____

Date of birth: ____ / ____ / ____ Age: ____

Height: ____ Weight: ____ Eye color: ____ Hair color: ____

Language(s) used: _____ Verbal ☐ Non-verbal ☐

Receiving services from: Miriam H&S ☐ CROM ☐ Other (please specify) ☐ _____

Name of educator/social worker: _____

Type of residential settings: Private home or apt ☐ R.C. ☐ R.T.F ☐

Permanent address: _____

Primary phone number (for animators use): _____ relationship to participant: _____

Secondary phone: _____ relationship to participant: _____

Email: _____

Emergency contact person: _____ Phone number: _____

IMPORTANT:

Please attach a
RECENT photo
here

Required for ID

DIAGNOSIS

IMPORTANT: Tell us about the participant/yourself: likes and dislikes, any pertinent information our animators should know regarding personality, behavior, distinguishing physical, emotional, mental, and intellectual traits, etc. Please, attach behaviour plan, if applicable.

General: _____

Behaviours: _____

Strategies: _____

Interests: _____

TRANSPORTATION ABILITIES

Able to use public transit independently? YES ☐ NO ☐

Familiar bus routes/frequented areas: _____

Street safety skills? YES ☐ NO ☐ Comment: _____

Transport Adapté FILE NUMBER: (if applicable) _____

MEDICAL INFORMATION:

Medicare number: _____ Expiry Date: _____

Health problems (specify) :

Cardiac Problems ☐ Diabetes ☐ Asthma ☐ Coagulation Problems ☐

Epilepsy ☐

○ Triggers : _____

○ Procedures : _____

Other ☐ _____

Allergies ☐ _____

Epi-Pen : YES ☐ NO ☐

MEDICATIONS: During or outside of program hours: PRN, MEDICATION SOLD OVER THE COUNTER, VITAMINS, ETC. We must have written notification of any medication changes when they occur:

Medication: _____ Dose: _____ Time given: _____

Medication: _____ Dose: _____ Time given: _____

Medication: _____ Dose: _____ Time given: _____

Pharmacy: _____ Tel No: _____

Name of treating physician: _____ Tel No: _____

CONSENT TO RELEASE OF PHOTOS

I, the undersigned, authorize the Miriam Innovation/Miriam Foundation to use photographs/digital images of the participant taken during activities for promotional purposes such as letters to Foundation donors : YES ☐ NO ☐

Signature : _____ Date : _____
(Please sign and indicate relationship to participant, i.e.,: parent, tutor, guardian, etc.)

Form completed by : _____ Tel No : _____

LIST OF ACTIVITIES

ACTIVITY	DATE	HOURS	PRICE

TOTAL : _____

PAYMENT INFORMATION:

☐ Credit Card; card number: _____ expiry date: _____

(If you would prefer to call this in, please contact Jasmine Kooner (514-345-1300 x 312) or Sarah Lhynn Sevilla (514-345-1300 x 411) during office hours and ONLY during the registration period.

☐ Cheque (payable to GOLD CENTRE)

☐ Interac e-Transfer (send to: accounts@miriamfoundation.ca; Password: CentreGold

☐ Invoice requested

*Cash will no longer be accepted; if this is an issue, please contact Nina Chepurniy.