# EAF Icon_blue.JPGhamilton & district extend-a-family

### Natural Family Application

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| --- |
| client (child/Teen) Information |
| Surname |  | First Name |  | Sex | M [ ]  F [ ]  | D.O.B. | \_\_\_\_\_\_\_\_\_YR \_\_\_\_\_MTH\_\_\_\_\_DAY |
| Street Address |  | Apartment/Unit # |  |
| City |  | Prov. |  | Postal Code |  |
| Resides With | Mother [ ]  Father [ ]  Guardian [ ]  Other [ ]  Please explain:  |
| Allergies | YES [ ]  | NO [ ]  | What is the child allergic to? |   |
| Does child use an EpiPen© or puffer? | YES [ ]  | NO [ ]  | If yes, under what circumstances? |  |
| Prescribed Medications:  |
| Dietary Restrictions:  | Toileting Needs: |
| Mobility Restrictions: |
| Conditions: Cerebral Palsy [ ]  Spina Bifida [ ]  Down Syndrome [ ]  Muscular Dystrophy [ ]  Autism [ ]  Asperger’s Syndrome  |
| ADD [ ]  ADHD [ ]  OCD [ ]  PDD [ ]  Tourette’s Syndrome [ ]  Seizures [ ]  FASD [ ]  Hearing/Speech/Vision [ ]  Diabetes |
| Heart Problems [ ]  Asthma [ ]  Developmental Disability [ ]  Behavioural Issues [ ]  Emotional Issues [ ]  Anxiety [ ]  Other [ ]  |
| Provide Details:  |
| Does the child have a history of violent behaviours? YES [ ]  NO [ ]  If yes, give details: |
| Is the child a flight risk? YES [ ]  NO [ ]  If yes, give details:  |
| Does the child enjoy social outings: YES [ ]  NO [ ]  If yes, indicate types of outings:  |
| Primary/secondary Contact information (parent/guardian) |
| Primary Contact |  | Relationship to Child |  |
| Street Address |  | City |  | Postal Code |  |
| Home Phone Number |  | Cell/Work Phone Number |  |
| Email Address |  |
| Secondary Contact |  | Relationship to Child |  |
| Street Address |  | City |  | Postal Code |  |
| Home PhoneNumber |  | Cell/WorkPhone |  |
| Email Address |  |
| Household information |
| Who else lives in the household? |
|  Name |  | Relationship to Child |  | Age |  |
| Name |  | Relationship to Child |  | Age |  |
| Name |  | Relationship to Child |  | Age |  |
| Name |  | Relationship to Child |  | Age |  |
| Name |  | Relationship to Child |  | Age |  |
| Emergency Information |
| Child’s Surname |  | First Name |  | Sex | M [ ]  F [ ]  | D.O.B. | \_\_\_\_\_\_YR \_\_\_\_MTH\_\_\_\_DAY |
| Street Address |  | Apartment/Unit # |  |
| City |  | Prov. |  | Postal Code |  |
| OHIP Number |  | Home Phone Number |  | Parent/Guardian Cell Number |  |
| Allergies | YES [ ]  | NO [ ]  | What is the child allergic to? |   |
| Does the child use an EpiPen© or Puffer | YES [ ]  | NO [ ]  | If yes, under what circumstances? |  |
| Prescribed Medications:  |
| Dietary Restrictions:  | Toileting Needs: |
| Mobility Restrictions: |
| Conditions: Cerebral Palsy [ ]  Spina Bifida [ ]  Down Syndrome [ ]  Muscular Dystrophy [ ]  Autism [ ]  Asperger’s Syndrome [ ]  |
| ADD [ ]  ADHD [ ]  OCD [ ]  PDD [ ]  Tourette’s Syndrome [ ]  Seizures [ ]  FASD [ ]  Hearing/Speech/Vision [ ]  Diabetes [ ]  |
| Heart Problems [ ]  Asthma [ ]  Developmental Disability [ ]  Behavioural Issues [ ]  Emotional Issues [ ]  Anxiety [ ]  Other [ ]  |
| Provide Details: |
| Does the child have a history of violent behaviours? YES [ ]  NO [ ]  If yes, give details: |
| Is the child a flight risk? YES [ ]  NO [ ]  If yes, give details:  |
| Does the child enjoy social outings: YES [ ]  NO [ ]  If yes, give details of type of outings:  |
| emergency Contact information -to be contacted if primary contacts cannot be reached |
| Name |  | Relationship to Child |  |
| Home Phone  |  | Cell/Work Phone Number |  |
| Name |  | Relationship to Child |  |
| Home Phone  |  | Cell/Work Phone |  |
| Family Doctor |  | Dr. Tel.# |  |
| Waiver |
| I am the parent or guardian of the above-named client and give consent to Hamilton & District Extend-A-Family to share information about this individual with Contact Hamilton and any other agency that has a relevant interest in their well-being provided staff members exercise discretion, document such correspondence, and honour confidential and personal details whenever possible: \_\_\_\_\_ Yes \_\_\_\_\_ NoI acknowledge that the above-named client will be engaging in activities organized and/or arranged for by Hamilton & District Extend-A-Family and that these may be outside the scope of his or her daily routine. I acknowledge that participation in such activities may expose the above-named client to the possibility of injury. I grant Hamilton & District Extend-A-Family staff and adult volunteers the authority to obtain emergency medical treatment as necessary to ensure that the above-named client is protected from further harm or injury. I agree to waive and release Hamilton & District Extend-A-Family from all claims for damages that may arise, other than by negligence of Hamilton & District Extend-A-Family, or its employees, volunteers, and agents, as a result of this child’s participation in agency events: \_\_\_\_\_ Yes \_\_\_\_\_ NoI give permission for this individual to travel with agency staff and/or adult volunteers to scheduled events: \_\_\_\_\_ Yes \_\_\_\_\_ NoI grant Hamilton & District Extend-A-Family consent to use photographs or video footage taken by agency staff or volunteers to promote our agency via internet, social networking sites, agency newsletters, brochures, and other media: \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Name of Parent/Guardian |  |
| Signature |  | Date |  |
| Notes: |