



Epiphany Special Needs Ministry

Programs of Preston Hollow Presbyterian Church

A. REGISTRATION FORM

I. Contact Information

Date: _____ Full Name: _____

Address: _____

Age: _____ DOB: _____ Gender: _____

Home Phone: _____ Cell phone: _____

Email: _____

Person filling out this form (check one):

Self _____ Caregiver: _____ Guardian: _____

Do you have a legal Guardian?: Yes _____ No _____

If yes, is your Guardian a Full or Limited Guardian? Full _____ Limited _____

If a Limited Guardian, the guardianship is regarding what areas of your care?

Name of Guardian: _____

Address: _____

Home Phone: _____ Cell phone: _____



Who do you live with? *(check one)*

Parent _____ Self _____ Group Home _____ Other _____

Who should we contact during class for questions, emergencies, etc.:

Name _____ Phone: _____

II. Personal Preferences

Check any/all activities that you enjoy doing:

Board games _____ Sports _____ Crafts _____ Listening to music _____ Other _____

Reading skills:

Cannot read _____ Some words _____ Read independently _____

Writing skills:

Cannot write _____ Write simple words/name _____ Write independently _____

What are things that bother you? (Example: loud noises, change of routine, large crowds, other): _____

When you are upset, what calms you? _____



How do you describe your date-to-day behavior? (Example: prefers to be alone/solitary; likes group/very social; likes to stay busy, etc.):

Do you require one on one help with any of the following?

Toileting _____ Feeding _____ Mobility _____ Other _____

Are there behaviors that you would like to improve so you are successful making friends and being a part of a group?

Please include any other vital information about yourself that would help us help you:



B. MEDICAL INFORMATION

for participants in the
Preston Hollow Presbyterian Church
Epiphany Special Needs Ministry

Name of Participant: _____

I. Physician:

Name Phone Emergency phone

Address

II. Health Information:

Insurance company ID# Group#

Hospital Preference

III. List Disability/Diagnosis *: _____

Please **circle** if you have any of the followings:

Asthma/Bronchitis Emotional Problems Cerebral Palsy
Heart Condition Contact Lenses Hepatitis
Seizure Disorder Other _____
Height _____ Weight _____

Do you have any allergies to medications, food, animals, etc?

If yes, please describe:

<u>Allergy</u>	<u>Reaction</u>	<u>Treatment</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____



Please list any medications that you take on a regular basis* (for use with emergency medical response purposes only):

<u>Medication</u>	<u>When Taken</u>	<u>How administered</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

IV. Emergency Plan of Care

If you have a **medical plan of care for emergencies**, *please attach a copy for us*. The same plan that you have for a school, work or home is acceptable.

V. Protected Health Information

Acknowledgement of privacy policy:

I have received a copy of the privacy policy of Preston Hollow Presbyterian Church (Epiphany Special Needs Ministry HIPAA Volunteer Confidentiality Agreement, *summarized below*) regarding the use of personal or private information in conjunction with the **Epiphany Special Needs Ministry**.

Summary of PHPC policies*

for medical or personal information, medication and personal assistance:

I have been made aware of the **policies of Preston Hollow Presbyterian Church (PHPC)***, in conjunction with the **Epiphany Special Needs Ministry (ESNM)** programs that any information of a confidential nature including medical diagnoses, behavioral, identifying information, etc. will be used solely for the purpose of assisting teachers and volunteers in accommodating special needs of participants. Access to all such information will be limited to volunteers who have been through the appropriate screening and training process for participation in PHPC ministry. To dispense or manage medications during Sunday School and Life & Arts, PHPC requires written doctor's orders.



PHI - Summary of PHPC policies (cont'd)

Any person needing physical assistance for mobility or toileting will require a personal assistant to accompany him or her for the duration of class. PHPC volunteers may not offer physical assistance.

Name *(please print)*

Signature

Date

Name *(please print)*

Signature

Date



C. AUTHORIZATIONS

for participants in the
Preston Hollow Presbyterian Church
Epiphany Special Needs Ministry

AUTHORIZATIONS for Individuals who are NOT their own Guardian:

Name of Guardian: _____ Contact number: _____

Address: _____

Type of Guardianship (full or limited): _____

If limited, what areas? _____

FOR EMERGENCY TREATMENT:

Name of participant: _____

Name of Guardian: _____ Contact number: _____

Address: _____

Type of Guardianship (full or limited): _____

I hereby authorize Preston Hollow Presbyterian Church (PHPC) and members of the Epiphany Special Needs Ministry to transfer (*Name of Participant*) _____ to any hospital reasonably accessible in the event of an emergency.

I understand that this authorization is given to provide authority and power on the part of Preston Hollow Presbyterian staff or representatives to give specific consent to any diagnosis, treatment or hospital care, which, in the judgment of a licensed physician is deemed advisable.

Name of participant: _____

(please print)

Name of Guardian: _____

(please print)

Signature of Parent/Guardian _____ Date _____



AUTHORIZATION

FOR TRANSPORTATION:

I give my permission for Preston Hollow Presbyterian Church staff and volunteers, to transport

Name of Participant (please print)

to **Epiphany Special Needs Ministry (ESNM)** authorized activities, **or** to an appropriate place of medical treatment, in the case of an emergency.

I also understand that pictures and/or video may be taken at Epiphany Ministry events for the purposes of publicity, pictorial recordings, and identification. I give my permission for the participant to be photographed.

Signature of Parent/Guardian/Participant (18 yrs. old without legal guardian)

Father Mother Legal Guardian Self

Please print: Name of Parent/Guardian

Date _____



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