

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: _____

Miriam, 5703 Ferrier, Mount Royal, QC H4P 1N3 Leisure Activities - 514.345.8330 x 203

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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: _____

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Pharmacy: _____ Tel No: _____

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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 : _____

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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.

LIST OF ACTIVITIES

ACTIVITY	DATE	HOURS	PRICE

TOTAL : _____

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