

# A DAY IN THE PARK

## Intergenerational Spring Program

### ADMISSION AGREEMENT- Grandfriend

This is to confirm that \_\_\_\_\_ (your name) will be attending A Day in the Park Spring Program starting Tuesday April 4-June 13, 2023 every Tuesday.

A Day in the Park operates 9:30am to 3:30pm Tuesdays; and is located at #100, Silver Birch Court, 920 Bison Way, Sherwood Park. The phone number is 780-417-1977.

A Day in the Park is a private company, operated by the Sherwood Park Adult Day Support Program, which follows Alberta Health Services Continuing Care Health Service Standards.

A Day in the Park is an intergenerational wellness program which uses Therapeutic Recreation activities to build meaningful social connections between children, age 4-6, and older adults. These social connections are proven to help adults and children experience increased sense of purpose, meaning, and self esteem while giving caregivers a break.

A Day in the Park staff will provide supervision, a safe environment, socialization, exercises, structured recreational activities, refreshments, education, outings, and a nutritional meal.

Please read the following items and initial that you understand and agree to each one. Please do not hesitate to discuss any of these items with the staff or Manager.

\_\_\_\_\_ 1. I agree to pay a fee of \$880 for the entire Spring Program broken into monthly invoices whether I attend all scheduled days or not. As the program needs to have a steady income to cover all aspects of service including supervision, supplies, activities, food, rent and all other costs except for transportation or outings. Invoices will be sent out at the end of the month.

\_\_\_\_\_ 2. I authorize the staff to share information that is pertinent with other health care professionals involved in my health care. I do not object to the staff requesting medical information from my physician or other health care agencies. I do understand that the staff and volunteers of A Day in the Park are bound by confidentiality agreements and will keep my information private.

\_\_\_\_\_ 3. I consent to photographs/videos being taken of me for the use of the following purposes (please select all you consent to)

- Client documentation file (for staff/office use)
- Within the program (on the walls for other clients/families to see)
- Educational/Promotional Presentations
- Social Media (please cover my face)
- Social Media (no need to cover my face)

\_\_\_\_\_ 4. I understand I may be required to discontinue attendance at A Day in the Park when it is deemed by the Manager and staff that I no longer require the particular care and treatment provided, or that my needs cannot be met by the program, or I am a danger to others.

\_\_\_\_\_ 5. I understand that if I have any symptoms of illness or feel unwell, I will not come to the program, and if I become ill at the Day Program staff will call my family/caregiver to come and take me home. I will notify the staff in advance if I am ill and unable to attend by calling 780-417-1977 and leaving a message and cancel my own transportation arrangements to and from the program on such days.

\_\_\_\_\_ 6. I will inform the staff of any change in my health and medication and provide staff with a current medication record. I have also let the staff know of any allergies and special meal requirements I have. Staff can assist with medication; all medication brought into the Day Program must have a label from the pharmacist.

\_\_\_\_\_ 7. I understand that if I have any experience with incontinence that I will bring with me to the program incontinence supplies and extra clothing. Staff can help with incontinence accidents on an occasional basis.

\_\_\_\_\_ 8. I understand that exercises are a daily part of the Day Program and I agree that I am fit to do gentle exercises, and that I will not do any exercises that cause me pain or are prohibited by my doctor or by my condition.

\_\_\_\_\_ 9. In case of emergency, I allow the staff to provide first aid treatment, and to use their judgement to call 911 to obtain emergency medical services and transportation to the Hospital at my own expense. I understand the family will be notified immediately should this happen.

\_\_\_\_\_ 10. I consent to attend outings with the staff and volunteers of the Day Program and agree to pay the extra costs (usually \$10).

\_\_\_\_\_ 11. **If** wandering is a concern, I give staff permission to give RCMP my personal identifying characteristics and picture to put in their database in case they need it. I understand that I need an ID bracelet if wandering is a concern.

\_\_\_\_\_ 12. I understand that if I have concerns, I can speak to the staff anytime. If my concerns are not resolved to my satisfaction by the staff, I will speak to the Manager of the Day Program.

Signature of Participant/Responsible party: \_\_\_\_\_

Relationship of Responsible party if applicable: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_