



Activity Centre for Adults with Special Needs

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(905) 686-9532

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Tania's Place Registration Form

NOTE: CLIENTS MUST SHOW PROOF OF BEING FULLY VACCINATED WITH A GOVERNMENT APPROVED COVID VACCINE

PLEASE COMPLETE ALL 3 EMERGENCY CONTACTS

Name: _____ Birth Date: _____ Age: _____

Sex: Male _____ Female _____ OHIP _____

Diagnosis/disability _____

Name of Parent/Guardian _____ Home Phone _____

Home Address _____ City/Town _____ Postal Code _____

Email: _____ Other Phone _____ Cell _____

First Emergency Contact

Name _____ Phone _____

Cell # _____

Relationship to client _____ Authorized as emergency/alternate pick up Yes No

Home Address _____ City _____ Postal Code _____

Second Emergency Contact

Name _____ Phone _____

Cell # _____

Relationship to client _____ Authorized as emergency/alternate pick up Yes No

Home Address _____ City _____ Postal Code _____

Third Emergency Contact

Name _____ Phone _____

Cell # _____

Relationship to client _____ Authorized as emergency/alternate pick up Yes No

Home Address _____ City _____ Postal Code _____

Health History (check all that apply)

Ear Infections	Heart Defect/Disease	Measles	Sleeping Problems	Eating Problems
Mononucleosis	Mumps	Hay Fever	Hypertension	Bowel Problems
Bee Stings/ Insect Stings	Seizures	Chicken Pox	Migraines/Headache s	Diabetes
Asthma	Bronchitis	Food Allergies	Bleeding/Clotting Disorders	Covid

Please add details _____

Allergies: _____

Current Medication (We do not dispense mood altering medication if required during the day)

1. _____ 2. _____
3. _____ 4. _____

Can your son/daughter/sibling administer their own? Yes ____ No ____

Do you authorize staff at Tania's Place to assist (hand over hand) with the administration of your son/daughter/sibling prescription medication? YES ____ NO ____

If yes, please read and sign this statement

I _____ parent/legal guardian of _____ authorize the staff at Tania's place to assist my child in administering their own non prescription medication. I have supplied Tania's Place with the non prescription medication in the original bottle with instructions on how, when and how much to dispense.

Signature of parent(s) : _____

Signature of Legal Guardian(s): _____

Date: _____

If NO, please explain how your child's medication will be administered while they are a participating at Tania's Place:

Other Important Information

Covid vaccination Yes ____ No ____ **Vaccine type** _____ **Date fully vaccinated** _____

Operations or serious injuries (dates)

Dietary Modifications _____

Physician Information

Name _____ Phone _____

Address _____

Drug Consent (please indicate which of the following substances may be given if required while your child is a participant at Tania's Place)

TYLENOL _____
(for pain/headache)

GRAVOL _____
(upset stomach/vomiting)

IMMODUIM _____
(Diarrhea)

PARENT/GUARDIAN AUTHORIZATION

I give permission to Tania's Place staff to contact our physician listed above in case of an emergency

Signature _____ **Date** _____

Parent/Guardian Consent:

This health history is correct as far as I know, and the person herein described has permission to engage in all Tania's Place programs, activities to include activities off site (Day Trips).

Emergency Authorization: I hereby give permission to the medical personnel selected by Tania's Place Staff to order X rays, routine tests and treatment for the named individual, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Tania's Place staff to hospitalize, secure proper treatment, injection and/or anesthesia and/or surgery for the individual named on this form.

Signature _____ **Date** _____

Print Name: _____

Recommendations and Restrictions

Any information Tania's Place staff should be aware of to better accommodate your child.

Client Interests and General Information

The following form will be used to assist staff and volunteers with meeting your son/daughters program and service needs. It is important that you give us as much information as possible so that your son/daughter can experience as many activities and services while at Tania's Place.

Clients overall level of help/support required: _____

Method of communication: _____

Does your son/daughter require assistive devices (i.e. Wheelchair, walker etc) Yes No

Clients Interests

Please list the type of activities your son/daughter enjoys doing and or participating in.

Please list the type of activities your son/daughter does not like to do or participate in.

General Information

Client requires food intake to be limited Yes No If yes, please explain

Can client feed themselves? Yes No If no, please explain what type of assistance they require

Washroom reminders Yes No

Does client need assistance in the washroom Yes No If yes, please explain: _____

Can medication be taken unassisted Yes No

Toileting (needs, routines, assistance)

Dressing (describe difficulties if any)

Personal hygiene information (assistance with toileting or menstruation)

We will be going on Day Trips and inviting outside community groups (i.e. theatre groups) to entertain and or teach certain skills. Please describe any situations/activities that could be upsetting or frustrating

If the Client experiences outbursts or certain destructive behaviour, please provide suggestions on how they should be handled and.

What level of understanding does your son/daughter have in terms of personal space? (touching and hugs)

Our goal is to ensure that your son/daughter is able to experience as much as possible during their time at Tania's Place. If you have any other information that may assist us in achieving this goal please list your suggestions.

Media Release Permission Form

Media Release

I _____ give my permission for _____
facail, images and name to be included in any Tania's Place promotional material, newspaper articles and on
Tania's Place web site.

OR

I _____ **do not** give my permission for
_____ facail, images and name to be included in any of Tania's Place
promotional material, newspaper articles and on Tania's Place web site.

Signature of Parent/Legal Guardian: _____ Date: _____

Signature of Witness: _____ Name of Witness: _____

Client

WAIVER OF LIABILITY

TO: Tania's Place Inc., (herein "Tania's Place), its officers,
directors, employees and agents

I hereby acknowledge that the undersigned client is registered to participate in all Tania's Place programs, activities and off site activities including day trips. I further agree that Tania's Place will not be responsible for any injury which may occur to the client for any reason during any of the activities they are registered for and to include "specialized" classes. I further agree that I will not bring any suit, claim, action or demand against Tania's Place, its staff, volunteers and other registered clients for any injuries suffered relating thereof.

By signing below, I acknowledge that I have read, understood and agreed with the terms of this release, waiver and discharge.

I am signing this document on behalf of my child (client) named below, which is a person of whom I am a legal guardian. I am of the full age of majority and under no disability, legal or otherwise.

(NAME OF CLIENT) Please Print

(NAME OF PARENT/GUARDIAN) Please Print

PARENT/GUARDIAN'S SIGNATURE

DATE

Day Trips and Traveling off the premises Permission and Release Form

I _____ understand, agree and give my
(signature of parent/legal guardian)

permission for _____ to participate in
(son/daughters name)

Day Trips and unplanned outings organized by Tania's Place. I also understand that I will be given detailed information on Day Trips only when there are transportation and additional costs involved. At that time, an additional permission form will be provided and signed.

Signature of Parent/Legal Guardian: _____

Date: _____

Signature of Witness: _____

Name of Witness: _____

Personal Injury and Property Damage

I _____ understand and agree that as the main care provider and or legally authorized parent/guardian of _____ I am liable for any personal injury to staff, clients and approved volunteers and or property damage my child may cause due to unprovoked violent behavior and or behavior that is not manageable. I also understand that it is at the discretion of the Executive Director to cancel any and all registration and or agreements made with me if my child is considered a physical threat to staff, clients and approved volunteers. I also understand that if it is found that I did not disclose that my child has a history of violent behavior that all registrations and or agreements will be immediately canceled and my child will be asked to leave the program.

Signature of Parent/Legal Guardian: _____

Date: _____

Signature of Witness: _____

Name of Witness: _____