EPIC FRIENDSHIPS

EPIC’s programs takes place on Tuesday, Wednesday and Thursday mornings from 8:30 a.m. to 12:30 p.m. in the Hope Building of Asbury United Methodist Church in Madison.

Designed for participants who are 18 years or older, we will provide a mix of educational activities, games, music, art, and free time.

In order to create an atmosphere conducive to learning and fostering friendships, certain criteria must be met. The program is designed for adults who are able to work in a small group setting. Participants must not exhibit disruptive behaviors and must not be a danger to themselves or others. The participant must also be able to use the restroom without assistance; if help is needed, you must provide a person to assist them. Additionally, we will not dispense any medications, and will have on hand a First Aid kit to handle only the most minor of cuts and scrapes.

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| --- | --- |
| PARTICIPANT’S NAME |  |
| PREFERRED NICKNAME |  |
| DATE |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PARTICIPANT |  | DATE OF BIRTH |  | GENDER |  |

|  |  |
| --- | --- |
| ADDRESS |  |
| ADDRESS2 |  |
| CITY |  | STATE |  | ZIP |  |

256/652.8138 | epic.kathy@yahoo.com | P.O. Box 1008, Madison, AL 35758

|  |  |
| --- | --- |
| FATHER’S NAME |  |
| STREET, APT # |  |
| CITY |  | STATE |  | ZIP |  |
| WORK PHONE |  | CELL |  | EMAIL |  |

|  |  |
| --- | --- |
| MOTHER’S NAME |  |
| STREET, APT # |  |
| CITY |  | STATE |  | ZIP |  |
| WORK PHONE |  | CELL |  | EMAIL |  |

|  |  |
| --- | --- |
| PRIMARY CARE PHYSICIAN |  |
| PHONE |  | PRIMARY DIAGNOSIS |  |

|  |
| --- |
| EMERGENCY CONTACTS |
| NAME | PHONE NUMBER | RELATIONSHIP |
|  |  |  |
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# MEDICAL & PERSONAL INFORMATION

PARTICIPANT’S NAME

Has the participant been diagnosed with any health or medical concerns? If so, explain:

|  |
| --- |
| Please list all current medications for emergency purposes |
| **1** |  | **8** |  |
| **2** |  | **9** |  |
| **3** |  | **10** |  |
| **4** |  | **11** |  |
| **5** |  | **12** |  |
| **6** |  | **13** |  |
| **7** |  | **14** |  |

|  |
| --- |
| Please list all allergies (foods, drugs, others) |
| **1** | h | **8** |  |
| **2** |  | **9** |  |
| **3** |  | **10** |  |
| **4** |  | **11** |  |
| **5** |  | **12** |  |
| **6** |  | **13** |  |
| **7** |  | **14** |  |

**MEDICAL & PERSONAL INFORMATION**

Please list any other health or wellness concerns not already addressed:

Does the participant have any behavioral issues we should be aware of?

Are there any other issues that you feel we should know about?

**MEDICAL & PERSONAL INFORMATION**

How is this participant best comforted when under stress?

What types of activities does he/she enjoy and participate in?

Are there any activities, behaviors, or situations that might cause distress to the participant?

What are the participant’s special talents or hobbies?

Any other information that would help us to gain a better understanding of the participant?

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Guardian signature |  | date |  |

**PARTICIPANT ACCESS FORM**

|  |
| --- |
| The following individuals will be allowed access to this participant, and be allowed to pick them up from EPIC Friendships. |
| NAME | PHONE NUMBER | RELATIONSHIP |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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I understand that this participant will not be allowed to leave the facility with anyone other than the above listed individuals. I am also aware that these individuals must be prepared to present proper identification to the staff. I also understand that I must update this information as changes occur.

|  |  |
| --- | --- |
| PARTICIPANT |  |
| PARENT/GUARDIAN SIGNATURE |  |
| DATE |  |

# EPIC FRIENDSHIPS PHOTO RELEASE FORM

I grant to EPIC Friendships, its representatives and employees, the right to take photographs, video and sound recordings of the participant listed below in connection with activities conducted at EPIC Friendships. I authorize EPIC Friendships to copyright, use and publish these same in print and/or electronically. These photographs may be used with or without names, for any lawful purpose, including for such purposes as publicity, illustration, advertising and Web content.

|  |  |
| --- | --- |
| PARTICIPANT |  |
| PARENT/GUARDIAN SIGNATURE |  |
| DATE |  |

# EMERGENCY RELEASE FORM

I authorize EPIC Friendships to transport and admit this participant to the nearest medical facility. I authorize any medical treatment necessary to sustain life.

|  |  |
| --- | --- |
| PARTICIPANT |  |
| PARENT/GUARDIAN SIGNATURE |  |
| DATE |  |