

Groups Permission Form for Group Members who Require Support

YES I give permission for my dependent: _____ to travel with Supervision on the TTC and participate in the excursions to the venues as I requested or that are part of the My 1st STEP, Community STEP, Social STEP or Work STEP programs.

I understand that in having my dependent participate in the activities described, I am assuming the risks associated with doing so. I understand that if my dependent require(s) individual transport back to the clubhouse, pick-up & drop-off location, that the participant will do so at the cost of the participant.

Guardian/Own Signature: _____ Date: _____

Print Name: _____ Daytime Phone: _____

Emergency Contact: _____ Phone: _____

Does the participant have any medical or other conditions which may require special attention during the activity?

- Yes
- No

If Yes, please describe: _____

CONFIDENTIAL MEDICAL INFORMATION FORM

This form will be used in case of medical emergency. Please complete fully.

Participant's Last Name: _____ First Name: _____

Birth date: (day/month/year) _____ Age: _____

MEDICAL/HEALTH INFORMATION

1.	Physician's Name:	
	Phone Number:	
	Address:	

2.	Participant's Health Card #:	
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3.	Does the participant have any chronic medical conditions, health issues or diagnosis? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, please describe:</i>
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4.	Is the participant currently being treated for any medical conditions? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, please describe:</i>
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5.	Is the participant on any regularly scheduled medications? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, please list:</i>
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Medication	Prescribed for:	Dose	Administration Schedule	Requires administration by personnel?*

6.	Does the participant have any allergies (food, medication, insect bites/stings, etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, please list:</i>	
	Allergy	Treatment

7.	Does the participant have any physical limitations that would affect his/her ability to participate in physical activities? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, please describe:</i>
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8.	Does the participant have any emotional needs, behavioural issues or fears that the staff should be aware of? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, please describe:</i>
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EMERGENCY CONTACTS:

Emergency Contact Name 1:	Relationship	Phone Number(s)
		Home:
		Work:
		Cell:

Emergency Contact Name 2:	Relationship	Phone Number(s)
		Home:
		Work:
		Cell:

MEDICAL TREATMENT PERMISSION for: _____

Participant's name

In the event of a medical situation or emergency, parents will be notified immediately. If a parent cannot be reached, permission is hereby given to NextStep Support to take whatever steps are necessary to ensure the safety and health of the participant, including contacting the participant's physician or taking the participant to an emergency room.

_____ *Guardian/Self signature*

_____ *Print name of parent*

_____ *Date*

PHOTOGRAPHY AND MEDIA RELEASE FORM

Being able to show pictures of our Community groups with our participants helps to give prospective members a sense of our program. We typically use photographs in marketing materials. We use pictures in brochures; in Contact email marketing campaigns; on our own website. Please be assured that when we use photos of participants, there are never any personal details disclosed. Participants are not identified and names are never used.

I hope you can help us. On the consent form below you can indicate that you give permission or decline to give permission.

Member Name: _____ Date: _____

Yes, I give NextStep Support Inc., its representatives and employees, permission to take photographs of my dependant during evening or weekend social groups.

I give NextStep Support Inc. permission to use edited (cropped, colour-balanced) photographs of my dependant for non-commercial use in its promotional materials and publicity efforts. I understand that these photographs may be used in any publication, print ad, direct-mail piece, electronic media (e.g. video, Internet, Website) or other form of promotion.

I understand that my dependant's name will not be displayed in promotional materials and publicity efforts. I understand that no identifying information aside from his or her image will be used.

No, I do not give permission for NextStep Support Inc. to use photographs of my dependant in its promotional materials and publicity efforts.

<i>Guardian Name</i>	<i>Guardian Signature</i>	<i>Date</i>