

Troy Adaptive Recreation Medical Form

All participants in a program lasting 3 weeks or longer are required to complete this form prior to the class beginning. This form must be updated annually, or any time information changes. Prior to participation, please fill out and return to *adaptive@troymi.gov* or drop off in person to Troy Community Center, Attn: Meghan Veiga.

Participant's Name:	Age:	Birthdate:	Phone:
Participant's Address:			
Primary Emergency Contact(s):			
Relationship to Participant: 🗌 Parent 🗌 Family member	Caregiver	🗌 Home manage	er
Home Phone:Work Phone:	Cell Phone	:	
Email address:			
Secondary Emergency Contact:			
Relationship to Participant: 🗌 Parent 🗌 Family member	Caregiver	Home manage	er
Home Phone:Work Phone:	Cell Phone	:	
Email address:			
Will participant be accompanied by a 1:1 aide/caregiver?	Yes No		
Name of caregiver or home health company:			
Phone # for aide/caregiver:			
Participant's Legal Guardian:			
Medical Information			
Primary disability:			
List any medications you are taking:			
If any medications will need to be administered during programming, p	please fill out the	medication administra	tion form on reverse side.
List any medications you are allergic to:			
Please check all that apply and if so, explain furthe	r:		
Allergies:			
Seizure: Date of last seizure:Type of seizures:			
Communication barriers:			
Cognitive disability:			
Physical Challenges:			
Neuro-Psych Challenges:			
Respiratory problems:			
Urinary problems:			
\square Any other activity restrictions or behavior characteristic	s we should l	pe aware of:	

I have listed all known medical conditions and will advise the Recreation Department of any changes. I hereby voluntarily release and hold harmless the City of Troy from all liability for all types of damages or injuries, foreseeable or not, sustained by my child, myself and other family members while participating, watching, and traveling to or from all Troy Recreation activities.

I grant permission for this participant to attend off campus activities/trips. _____ (initials)

Signature of Parent/Guardian: ___



Troy Recreation Department Authorization for Medication

It is the policy of the Troy Recreation Department to have written authorization for a participant to be given medication by Recreation personnel.

One form is required per medica	ation and must be filled out separately.
Participant's Name:	Age:Birthdate:
Program Enrolled In:	Activity #:
Please Check & Initial One:	
Participant will administer own medication	
Staff will administer medication to participant.	
To be completed by the physician or pare	ent/guardian:
Name of medication:	
Form of medication: Tablet Liquid I	Inhaler 🗌 Nebulizer 🗌 Other:
Reason for medication:	
Start: Date activity begins Other d	Jate:
Stop: End of activity Other d	late/duration:
For episodic/emergency purposes	only
Restrictions and/or important side effects:	None anticipated 🗌 Yes (please describe):
Special storage requirements: None Refr	rigerate Other:
This participant may carry an inhaler: 🗌 Yes 🗌	No
Physician's Name:	Phone #:

To be completed by parent/guardian:

I request that Troy Recreation personnel store and administer the medication to the above-named participant as prescribed, which shall be done in the presence of another adult, except in emergencies. I understand and agree that all prescription medication must be in a container clearly marked with the participant's name, name of medication, and prescribed dosage.

I hereby acknowledge that the service being provided is solely for the convenience of the recipient and will be provided by a person who is not a health professional; nevertheless, I hereby voluntarily release and hold harmless the City of Troy from all liability arising or resulting from the giving or failure

to give medications as provided above.

Parent/Guardian Name:	Relationship:
Signature:	Date:

Date

For office use only

Form and medication received by:

Medication Dispensing Log:

Date					
Time					
Amount					
Initial 1					
Initial 2					



Troy Adaptive Recreation Code of Coduct

Note: Prior to participation, please fill out and return to *adaptive@troymi.gov* or drop off in person to Troy Community Center, Attn: Meghan Veiga.

For the safety and the enjoyment of all, participants are required to adhere to the following code of conduct.

- Keep hands, feet and other objects to yourself at all times.
- Swearing, other abusive language, and inappropriate hand gestures are not allowed.
- Disruptive behavior such as yelling, harassing others and destruction of property is not allowed.
- No smoking or drinking is allowed, even if you are of age.
- Participants must stay with their group or chaperone as directed.
- Participants must follow directions of staff at all times.
- We recommend that participants be escorted in and picked up by their parent/ guardian at all events.

Failure to comply with any of these rules will result in discipline as follows:

- 1. Oral warning: an official warning that the conduct is unacceptable.
- 2. Oral warning and the parent/guardian will be called to pick participant up.
- 3. Suspension from programs: parent/guardian will be called to pick participant up, and you will not be allowed back for a specified period of time.
- 4. Participant may be no longer be allowed to attend the program or may be allowed to attend only with an escort.

Discipline may be started at a higher level depending on the severity of the incident.

Please sign below indicating that you have read the code of conduct.

Signature: _____

Date: _____

For office use only

Date of Discipline	Reason	Action Taken (1, 2, 3, o4 4 of above and time period if #3)