

ACCESS Student Application

Date _____

Students Name _____ Birth Date _____

Parent's Names _____

Address _____

Email Address _____

Phone _____ Other _____

Primary Diagnosis and/or Special Need _____

Level of Mobility _____ Durable Medical Equipment _____

Seizures: Yes/No _____ Frequency & Steps to take if witnessed in ACCESS _____

Allergies (Drug, Food, Insects, other) _____

List Special Dietary Needs _____

Communication Skills _____

Adapts easily to new situations _____ Responds well to correction _____

Hits, bites or hurts self or others _____

Attempts to run away _____ Hyperactivity _____

Toileting skills _____

What activities does your child enjoy most? _____

Specific medical needs _____

Please list any additional concerns or information we should know? _____

Do you want a one on one "buddy" with your child? _____

I understand that photographs and video footage taken of my child as a result of participation in activities at CTM may be used in KTM promotional materials or on the website. _____ Initials

I give permission for my child to participate in all ACCESS activities at CTM and hereby release and agree to indemnify and hold harmless CTM from any and all claims of any nature arising from such participation.

Parent/Guardian's signature _____

Printed Name _____

Reviewed by ACCESS Team Member _____

Date _____

