

# RECREATION SUPPORT SERVICES

## ADULT INFORMATION FORM

Return to – ATTN COURT GLENN  
 RSS – Ithaca Youth Bureau @ 1 James Gibbs Drive, Ithaca NY 14850

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

Email \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Other \_\_\_\_\_ Rather not say \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home/Cell # \_\_\_\_\_

First Emergency Contact \_\_\_\_\_ Home/Cell # \_\_\_\_\_

Second Emergency Contact \_\_\_\_\_ Home/Cell # \_\_\_\_\_

Care Provider \_\_\_\_\_ Phone # \_\_\_\_\_

Service Coordinator \_\_\_\_\_ Phone # \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

In case of emergency please list participant's medical insurance information:

Company \_\_\_\_\_ policy # \_\_\_\_\_

Primary diagnosed disability: \_\_\_\_\_

Secondary diagnosed disability: \_\_\_\_\_

Any seizure activity? \_\_\_\_\_

If yes please provide more information: \_\_\_\_\_

Does Participant Have Any Known Allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

Allergy to:	Symptoms	Steps RSS staff should take:

Does Participant Take Any Medications? Yes \_\_\_\_\_ No \_\_\_\_\_

Medication Name	Dosage	Time Taken

(OVER)

Is there any other pertinent information, medication side effects, medical concerns, behaviors, or goals we should know about? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## PHOTO RELEASE FORM

Recreation Support Services often uses visual aids to promote awareness of our services in the community, workshops & for training sessions.

We need your permission to use \_\_\_\_\_ photos and/or videotaped material for these purposes.

\_\_\_\_\_ I **do** give permission for RSS to use photos, videotaped material, & names.

\_\_\_\_\_ I **do** give permission for RSS to use photos & videotaped material **only**.

\_\_\_\_\_ I **do not** give permission for RSS to use photos, videotaped material, & names.

\_\_\_\_\_  
(Participant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Legal Guardian)

\_\_\_\_\_  
(Date)

## EMERGENCY RELEASE STATEMENT

If there is an emergency involving \_\_\_\_\_

(RSS Participant's name)

and I \_\_\_\_\_ his/her legal guardian cannot be reached, I give the Ithaca Youth Bureau Recreation Support Services staff permission to seek medical treatment. I understand that a copy of this will be given to RSS staff to be shown to any necessary medical personnel.

\_\_\_\_\_  
(Participant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Legal Guardian)

\_\_\_\_\_  
(Date)

## RELEASE OF INFORMATION AUTHORIZATION

I give permission to Recreation Support Services to request and obtain my most recent information including psychological reports, IEP, medical issues, and medication. This information can be obtained from my school, physician, or other related agencies in the community that I attend or am registered in.

**All information received by RSS will be used in a professional manner.**

**All RSS staff will maintain the confidentiality of this information.**

By signing this release of information authorization, I/we am/are indicating that I/we understand & agree to what it states above.

\_\_\_\_\_  
(Participant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Legal Guardian)

\_\_\_\_\_  
(Date)