



**Diagnoses (Developmental and Medical):** \_\_\_\_\_

**Medical Concerns/Needs (check all that apply):**

- History of Seizures**    Comments: \_\_\_\_\_
- Seizure Disorder**    Type: \_\_\_\_\_    How Often: \_\_\_\_\_  
Comments: \_\_\_\_\_
- Allergies:** \_\_\_\_\_
- Diabetes:**    Type: \_\_\_\_\_    Control (e.g. insulin, med, or diet-controlled): \_\_\_\_\_  
Comments: \_\_\_\_\_
- Special Diet or Eating Needs:** \_\_\_\_\_  
Comments (e.g. low calorie, level of assistance needed, specialized equipment)
- Toileting Assistance:** \_\_\_\_\_  
Comments (level of assistance needed, specialized equipment or concerns)
- Other significant medical information** (e.g. high blood pressure, cerebral palsy): \_\_\_\_\_

**Medications (please list all prescription medications):** \_\_\_\_\_

- Mobility Concerns:**
- None
  - Uses cane, walker, or crutches
  - Walks, but has difficulty on uneven or rough terrain
  - Uses wheelchair independently
  - Uses wheelchair with assistance or relies on others

Comments: \_\_\_\_\_

**Other Adaptive Equipment Used/Needed** (e.g. protective helmet, communication board): \_\_\_\_\_

- Transportation:**
- Independent - uses regular RTD or drives
  - Relies on others for transportation (including Access-A-Ride)
  - Requires specialized vehicle (e.g. with wheelchair lift and tie-downs)

Comments: \_\_\_\_\_

**Mental Health Concerns** (Please describe concerns and supports needed): \_\_\_\_\_

**Behavioral Concerns** (Please describe concerns and supports needed): \_\_\_\_\_

**Other Supports Needed/Important Things to Know:** \_\_\_\_\_

**Legal Issues/Rights Restrictions/Suspensions:** \_\_\_\_\_

**PERMISSION TO TAKE AND DISPLAY PHOTOGRAPHS AND FILM (OPTIONAL)**

I hereby give my permission to the NMCS Recreation Program and any other person designated by NMCS to make photographs and other recordings of myself, and I consent to publishing and/or displaying of such recordings as NMCS deems fit.

**No**     **Yes (please sign):** \_\_\_\_\_    \_\_\_\_\_  
Signature    Date

**Person(s) who completed this form:** \_\_\_\_\_    \_\_\_\_\_  
Name    Relationship

<i>Office Use Only</i>	Date Packet Sent: _____	Staff: _____	Date Received: _____	Form Entered (Staff): _____
Date of Active Enrollment (Fee Received): _____				