

Soul Center Inc.

Soul Center Participant's First Name _____ Last Name _____

If you checked any of the areas (below) on the Emergency Medical and Consent Form (Form 1), please recheck the areas and provide detailed information regarding the level of intervention (mild or severe) Soul Center staff will need to administer/accommodate:

Please check any special medical issues, physical impairments or other facts concerning the above participants' medical, communication and/or behavioral history.

- 1. ___ Diabetes 2. ___ Heart Condition 3. ___ Seizures 4. ___ Allergy
- 5. ___ Asthma 6. ___ Orthopedic 7. ___ Emotional Problems 8. ___ Visual or Hearing Impaired

In detail, **DESCRIBE** the needs that the Soul Center participant **MAY** have while at any Soul Center event:

- 1. _____

- 2. _____

- 3. MUST ALSO FILL OUT A "SEIZURE PLAN"- FORM 3: _____

- 4. List Allergies: _____

IF APPLICABLE, WILL THE PARTICIPANT HAVE AN EPI-PEN WITH THEM? _____ IF SO, WHERE WILL IT BE WHEN THEY ARRIVE (ex, "in their purse", "in their pocket") _____

- 5. _____

WILL THE PARTICIPANT HAVE AN INHALER WITH THEM? _____ IF SO, WHERE WILL IT BE WHEN THEY ARRIVE (ex "in their purse", "in their pocket") _____

- 6. _____

- 7. _____

- 8. _____

Please provide additional information regarding the needs of the Soul Center participant as it relates to them participating in the monthly meetings or events.

___Autism ___OCD ___Needs assistance with Personal Care ___Communication Difficulties
___Uses Sign Language/pictures (PECS) to communicate ___Altered Diet ___Sensory Needs ___Aggressive Behaviors

Medications: _____

FORM 2- SPECIAL FACTORS

I agree that the above information provided to Soul Center, Inc is accurate. If further information is needed. I will use the backside or a separate sheet of paper. I also understand that this information will be shared with all Soul Center Board members and individuals who may be at Soul Center as a peer coach or volunteer.

I agree to the above conditions.

Signature of Parent/Legal Guardian

Date

Signature of Participant if OVER 18 and legal guardianship does not exist

Date