

Information & Emergency Form
Effective Jan. 1, 2020 to Dec. 31, 2020
All Information Must Be Filled Out!

Date of Birth: _____

Participant's Name: _____ Age: _____ Sex: _____

Participant's Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____ Phone#: _____

Parent/Guardian Name(s): _____

Home Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____ Home Telephone: (____) _____ - _____

Cell Phone#: (____) _____ - _____ Email Address: _____

Provider Name: _____

Address: _____ Apt#: _____ City: _____

State: _____ Zip: _____ Main Phone#: (____) _____ After-hours#: (____) _____

Emergency Contact Name: _____ Phone#: (____) _____

Participants Doctor: _____ Telephone: (____) _____ - _____

Preferred Hospital: _____

Does the participant have a Behavior Plan? _____ Participant's Disability: _____

Physical Disabilities? _____ If yes, explain: _____

Seizures? _____ If yes, explain type and treatment desired: _____

Medication? _____ If yes, list name or type, when it is taken, and any side effects: _____

Allergies (food, medication, etc.): _____

Special dietary needs: _____

List toiletry needs: _____

Other information about the participant that may be helpful: _____

Authorization for Emergency Medical Treatment

In the event of an emergency, I do hereby give permission to the Montgomery Board of DDS Recreation Program to obtain necessary medical treatment for my/our son/daughter that may be necessary to insure the health and well- being of him/her for the **period of January 1, 2020 through December 31, 2020.**

Date

Signature of Parent/Guardian

Acknowledgement of Receipt of HIPAA Notice

I have received information to access the federal Healthcare Insurance Portability and Accountability Act privacy notice from the Montgomery County Board of Developmental Disabilities Services. I am aware this information can be accessed via the agency website at www.mcbdds.org, or I can request a paper copy of the privacy notice from the County Board.

Date

Signature of Parent/Guardian

LIABILITY RELEASE FORMS

Montgomery County Board of DDS - Recreation

I/We agree that the Montgomery County Board of Developmental Disabilities Services, including the Recreation Program and support staff (Recreation Manager/Assistants/Aides), will not be responsible or liable in any way whatsoever as a result of any illness or accident which might be construed to adversely affect the health, safety, or welfare of my/ our child/adult, _____, while my/our child/adult is cared for by the Recreation Manager/Assistants/Aides. I/We have fully disclosed to the said Recreation Manager/Assistants/Aides all pertinent facts about my/our child's/adult's needs and problems and acknowledge full responsibility for failure to do so.

For the Period: January 1, 2020 through December 31, 2020

Signature Parent/Guardian Date _____

Signature Recreation Specialist /Aide Date _____

Emergency Phone Numbers (please include cell phone numbers):

(____)_____-_____ (____)_____-_____ (____)_____-_____

***This form must be signed or the staff cannot render services.**

MEDIA STATEMENT

The DD Board conducts activities for eligible individuals on DD Board property, which are at times, covered by the media, which may take pictures of participants. The DD Board makes reasonable efforts to let you know about such events in advance. You can request to be excluded from this kind of media coverage by asking any staff member.

I have read the above statement and understand that this might occur.

For the Period: January 1, 2020 through December 31, 2020

Signature Parent/Guardian Date _____



Consent for Publication of Personally Identifiable Information

As part of its advocacy efforts on behalf of people with developmental disabilities, the **Montgomery County Board of Developmental Disabilities Services** (MCBDDS) seeks to provide information to the public through various programs and activities, events, facilities, staff, and the individuals and families it serves.

Before **personally identifiable information** is shared, individuals (or their legal guardians) must consent to the release of said information, which may include – but is not limited to – their name, likeness, voice, work, personal or background information and achievements.

This consent form releases MCBDDS from any liability associated with violation of privacy, confidentiality, personal or property rights that individuals or their guardians have in connection with such materials. Consent also affirms that individuals or their guardians a) waive any right to approve said materials, and b) understand that their participation is voluntary, and will not lead to financial compensation of any type.

The Montgomery County Board of Developmental Disabilities Services has my permission to use my/my child's name, likeness, voice, work, personal or background information and achievements for community awareness, news or promotional purposes. I understand that publication may encompass presentations as well as print and electronic vehicles, including websites, videos, news outlets, social media sites, and more.

In granting this consent, I release and hold harmless the Montgomery County Board of Developmental Disabilities, its agents and successors, from liability or harm that may result from the publication of such materials.

I understand that this authorization may be revoked or cancelled at any time (except to the extent that action has been taken in reliance on it) by notifying, in writing, the MCBDDS Communications Specialist at 5450 Salem Avenue, Dayton, OH 45426 or via e-mail at communityrelations@mcbbdds.org.

Printed name of individual who is the subject of the release: _____

Individual Consent

I GIVE CONSENT

I DO NOT GIVE CONSENT

I am of full age and am my own guardian. I have read this release or had it explained to me, understand its contents, and agree to allow MCBDDS to publish my personally identifiable information for a period of one year from the date specified below.

Signature of Individual

Date

Guardian Consent

I GIVE CONSENT

I DO NOT GIVE CONSENT

I am the parent and/or legal guardian of the person or minor named above, and has the legal authority to execute the above release. I have read this release or had it explained to me, understand its contents, and agree to allow MCBDDS to publish the personally identifiable information for a period of one year from the date specified below.

Signature of Parent or Legal Guardian

Date