

Zoom Zone: St. Bernadette Church, June 27, 2018

Please help us provide the best environment possible for your child during Zoom Zone for children with disabilities and siblings by answering the following questions. This information will be shared with your child's group leader.

Child's Name (with Disability): _____

How can we help make this day a successful one for him/her?

What information would be helpful to your child's group leader/buddy? _____

Is he/she allergic to latex (balloons, gloves, etc.)? _____

Swallowing/Eating *Children will be given a snack. Feel free to send your child with special food, if your child is on a special diet.*

Will your child be eating the snack we provide? _____ Bringing own food/drink? _____

Does he/she have any food allergies (describe)? _____

Can he/she feed him/herself? _____ If no, describe how we can help _____

Does he/she have a problem with choking? _____ If so, describe how you handle it: _____

Restroom Children (without a parent/caregiver present) should have independent restroom skills. (Children need to be able to clean themselves after restroom use and we cannot change diapers.) *We will provide an area for parents or attendants to change a child or assist in the restroom.*

A volunteer, can provide very basic assistance (wash hand reminder, etc.). ****The volunteer will be female.** If he/she needs minimal assistance, please specifically describe how we can assist your child:


Social/Emotional

Does he/she need an individual buddy (1:1 ratio)? _____ (The normal volunteer/participant ratio will be 1:5-6.)

Would your child like to be in a group with a sibling or friend? If yes, please list names: _____

Behavior problems: Please know all Zoom Zone staff are volunteers and are not trained to handle behavior problems. A parent or caregiver is welcome to stay 1:1 with their child who has behavior issues (biting, hitting, running away from the group). If a problem arises and cannot be resolved a parent will be contacted and asked to accompany the child for remaining activities.

Please explain and state strategies for intervention if a minor issue arises (ex. child will not share an item for a group game, etc.)

_____ **OVER** 

Medical Please describe any medical issues that we need to be aware of: (ex. seizures) and how you want us to handle them. _____

Sibling Information:

Please describe any food allergies or other information we need to know about siblings attending.

Name: _____ Comments & Allergy: _____

Name: _____ Comments & Allergy: _____

Medical Release

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Child's Name _____ Date of Birth _____

Sibling's Name: _____ Date of Birth _____

Sibling's Name: _____ Date of Birth _____

Parent/Guardian _____

Phone you can be reached at during this event _____

In the event of a medical emergency, I authorize the adults organizing this event permission to secure medical attention for my child(ren) until I can be reached and return.

I, _____, grant permission for my child(ren),
_____, to participate in the Zoom Zone

Summer Program. I agree on behalf of myself, my child's other parent if known or living (name of

parent) _____ my child(ren) named herein, or our heirs, successors, and assigns, to hold harmless and defend the Archdiocese of Galveston-Houston, St. Bernadette Parish (its Pastor, and other agents, etc.) or any other representatives associated with the scheduled activity unless the parties involved were careless and/or negligent.

Parent/Guardian Signature _____ Date _____

If I can not be reached, contact:

Name _____ Phone _____

Family Doctor _____ Phone _____

OVER

