

Buddy Club Application

Application must be received at F.I.R.S.T. by the Monday of the Buddy Club Week
You will be notified if there is space for your child!

Child's Name _____ DOB _____

Home Address _____

Sex ____ School _____ Teacher _____

****If possible, please include a recent photograph of your child!****

Parent's Name or
Guardian's Name _____ Email _____

Daytime Phone _____ Nighttime Phone _____

Contact Other than Parent _____ Phone _____

Activities Child Enjoys _____

Diagnosis: _____

How does your child's disability impact him/her? _____ -

Does your child have any drug, food, latex or other allergies (e.g. bee stings) ____ Yes ____ No

If yes, please explain _____

Does your child use/have any of the following (check all that apply)

____ Wheelchair ____ Crutches/Walker ____ Braces ____ Comm. Device ____ Other

Instructions your child's counselor will need about any assistive technology devices:

How does your child make his/her needs known? If your child is non-verbal, how do you communicate with him/her? _____

Name _____

Has your child ever been suspended or expelled from a school or child care facility due to physical or behaviors challenges (e.g. hitting, kicking, biting, bullying, etc) _____ Yes _____ No

If yes, please explain _____

Bowel and Bladder Habits:

Please list a non-family contact person for additional information (teacher, therapist, case manager)

Name	Title	Phone
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Other Information we should know about your child (Please feel free to attach an additional sheet, if needed.):

Numbers of hours of State/Medicaid One on One Hours Child is receiving? _____

Have you had a recent cut in Hours? No _____ Yes. _____ If yes, Hours before cut _____

Case Manager Name _____ Agency _____ NA _____

_____ has my permission to attend F.I.R.S.T. Buddy Club.

If a medical problem should arise while my child is at Buddy Club and I cannot be contacted, I hereby give the hospital and physician permission to treat, give injections, administer anesthesia, and/or perform surgery for my child named herein. In the event of accident or injury, I do not hold the volunteers, staff of F.I.R.S.T. and/or Asheville Parks, Recreation and Cultural Arts, TR Program responsible.

I give permission to the F.I.R.S.T. staff to contact school staff or case manager about my child's needs.

I _____ do _____ do not give permission for my child to be photographed by F.I.R.S.T. or media for non commercial purposes.

Parent/Guardian Signature

Date