



## Providing Smiles and Understanding Needs Child Form

\*You will need to fill out a form for each child in the family\*

### Child Information

<b>First Name</b>		<b>Last Name</b>	
<b>Date of Birth</b>		<b>Sex</b>	Female <input type="checkbox"/> Male <input type="checkbox"/>
<b>Would you like to join our buddy program?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

### Parent/Guardian #1 Information

<b>First Name</b>		<b>Last Name</b>		<b>Relationship</b>	
<b>Home Phone</b>		<b>Cell Phone</b>		<b>Work Phone</b>	
<b>E-mail</b>					
<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip code</b>	

### Parent/Guardian #2 Information

<b>First Name</b>		<b>Last Name</b>		<b>Relationship</b>	
<b>Home Phone</b>		<b>Cell Phone</b>		<b>Work Phone</b>	
<b>E-mail</b>					
<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip code</b>	

### Medical Information

<b>Regular Physician</b>		<b>Phone</b>	
<b>Health Insurance Company</b>			
<b>Policy/Group#</b>			

Please list two people who may serve as Guardians in your absence

1.

<b>First Name</b>		<b>Last Name</b>		<b>Relationship</b>	
<b>Home Phone</b>		<b>Cell Phone</b>		<b>Work Phone</b>	

2.

<b>First Name</b>		<b>Last Name</b>		<b>Relationship</b>	
<b>Home Phone</b>		<b>Cell Phone</b>		<b>Work Phone</b>	

Please read and initial the following:

<b>Yes</b>	<b>No</b>	
<input type="checkbox"/>	<input type="checkbox"/>	I give permission for a P.S.U.N staff member to transport and consent for my child for medical and surgical treatment if necessary.
<input type="checkbox"/>	<input type="checkbox"/>	In case of an emergency, time permitting, I would prefer that my child be taken by ambulance to the following hospital:
<input type="checkbox"/>	<input type="checkbox"/>	I give permission for basic first aid trained P.S.U.N staff member or a present EMT to provide basic first aid if necessary.
<input type="checkbox"/>	<input type="checkbox"/>	I will remain financially responsible for any incurred expenses and shall indemnify fully P.S.U.N staff members acting on behalf of my child.

Parent/Guardian's Printed Name		Date	
Parent/Guardian Signature		Date	

## Medical Information & Release Form for Child Applicant

<b>Print Child's Full Name</b>	
<p>In reference to the above individual participating in P.S.U.N programs/activities, I grant permission to the staff of P.S.U.N at Texas A&amp;M University, to exercise the following:</p> <p>In cases of emergency, to perform and provide access to medical and surgical emergency services, that may include transport to a medical facility off the premises of the current program/activity, as determined by the staff of P.S.U.N.</p> <p>I understand that my child's participation in P.S.U.N programs/activities is voluntary. I also agree that in the event of any injuries to my child from his/her participation in any P.S.U.N activities, I will not hold responsible P.S.U.N, Texas A&amp;M University, any P.S.U.N agents (including but not limited to owners of property upon which events take place) and/or any volunteer, P.S.U.N or otherwise, who participates as staff for these injuries. My signature below acknowledges my voluntary authorization for my child's participation in any and all programs/activities of P.S.U.N. By signing this form, I understand and consent to all of the above.</p>	
<b>Parent/Guardian's Name, Printed</b>	
<b>Parent/Guardian Signature</b>	
<b>Date</b>	

**Please provide the following medical information. All information will be treated confidentially.**

<b>Current diagnoses and/or problems:</b>			
<b>Current medications (Prescription and over the counter:</b>			
<b>History of any allergies and/or adverse reactions?</b>			
	<u>Cause</u>	<u>Reaction</u>	
<b>Medication</b>			
<b>Food</b>			
<b>Environment</b>			
<b>Date of last negative PPD (skin test for TB)</b>		<b>OR date of last negative chest x-ray</b>	
<b>History of Varicella (chicken pox)?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	
<b>Date of last tetanus booster</b>			

This form will be put into your child’s P.S.U.N file to help us better serve your child. Please complete entirely – check all applicable boxes and write “N/A” when not applicable. It is your responsibility to update this form as needed. Thank you!

General Information		Chief Diagnosis List (eg. Seizures, Asthma, MR, CP, ADHD)	
Name		1.	
Approx. Wt		2.	
Approx. Ht		3.	
		4.	
		5.	

<b>Behavior</b>
Behavior(s) or concerns we should be aware of:
Behavior Triggered by:

<b>Ambulation</b>	<b>Discipline</b>
Walks Assisted <input type="checkbox"/> Walks unassisted <input type="checkbox"/>	Positive Reinforcers:
Walks using Walker <input type="checkbox"/> Crutches <input type="checkbox"/> Braces <input type="checkbox"/>	Withhold Privileges <input type="checkbox"/>
Wheelchair Manual <input type="checkbox"/> Electric <input type="checkbox"/>	Time Out ( _____ minutes) <input type="checkbox"/>
Transfers Alone <input type="checkbox"/> Needs assistance <input type="checkbox"/>	Other: _____ <input type="checkbox"/>
<b>Communication</b>	<b>Eating/Diet</b>
No Problems <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/>	Regular Diet <input type="checkbox"/> No help needed <input type="checkbox"/>
Limited abilities, but can communicate daily needs <input type="checkbox"/>	Food must be:
<input type="checkbox"/> Communication Device: _____	Cut <input type="checkbox"/> Chopped <input type="checkbox"/> Mashed <input type="checkbox"/> Pureed <input type="checkbox"/>
	Child must be totally fed <input type="checkbox"/>
	<input type="checkbox"/> Special utensils: _____
	G-tube <input type="checkbox"/> Dentures <input type="checkbox"/> Tongue Thrust <input type="checkbox"/>
	<input type="checkbox"/> Special Diet: _____
	<input type="checkbox"/> Needs help only with: _____

<b>Vision</b>	<b>Hearing</b>
Normal <input type="checkbox"/> Limited <input type="checkbox"/>	Normal <input type="checkbox"/> Deaf <input type="checkbox"/>
Blind <input type="checkbox"/> Glasses <input type="checkbox"/>	Hard of Hearing <input type="checkbox"/> Hearing aid <input type="checkbox"/>
<b>Toileting</b>	<b>Activities</b>
Toilet trained <input type="checkbox"/> Training pants <input type="checkbox"/>	Does child have PE tubes in ears Yes <input type="checkbox"/> No <input type="checkbox"/>
Bring to bathroom every _____ hours Diapers <input type="checkbox"/>	Heat tolerance: Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
Needs help with _____	Wanders? Yes <input type="checkbox"/> No <input type="checkbox"/>
Caths every _____ hours. Self Cath? Yes <input type="checkbox"/> No <input type="checkbox"/>	Restrictions: _____
<b>Additional Equipment</b>	<b>Seizures</b>
None <input type="checkbox"/> Nebulizer <input type="checkbox"/>	None <input type="checkbox"/> Few as a small child <input type="checkbox"/>
Tracheotomy Tube <input type="checkbox"/> Monitors <input type="checkbox"/>	Type _____
Oxygen <input type="checkbox"/> Ventilator <input type="checkbox"/>	Last one _____
Other: _____	Usual frequency _____
Additional Instructions/Precautions/Explanations	Usual Duration _____
	Pre-Seizure Activity _____
	Triggered by _____
Please note in “Addition Instructions” how you would like for us to handle the situation in case of a seizure.	

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**I, \_\_\_\_\_, understand that my child, \_\_\_\_\_, may not participate in P.S.U.N events until his/her application is completely filled out. I understand that it is my responsibility as the parent/guardian to update my child's application as needed. All information submitted to P.S.U.N will be kept confidential among P.S.U.N staff.**

Parent/Guardian's Printed Name		Date	
Parent/Guardian Signature		Date	

## Participation Consent

I understand and certify that my child(ren)'s participation in P.S.U.N and its programs/activities is completely voluntary. I have familiarized myself with P.S.U.N programs/activities in which my child(ren) will be participating. I recognize that certain hazards and dangers are inherent in these programs/activities, which may include, but are not limited to, the activities of various sports. I acknowledge that although P.S.U.N has taken safety measures to minimize the risk of injury to program/activity participants, and P.S.U.N cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I recognize the importance of knowing and abiding by the rules, regulations, and procedures for P.S.U.N programs/activities at any event in which my child(ren) is participating. Further, my child has received approval from a doctor authorizing me to participate in the P.S.U.N programs/activities. I also agree to inform P.S.U.N officers and/or volunteers of any program and/or activities in which my child may not participate.

Child's Name, printed			
Parent/Guardian's Printed Name		Date	
Parent/Guardian Signature		Date	

### Authorization to be Photographed

I give P.S.U.N the right to take photographs, audio-visual recordings of my child(ren) to be used in promotional, educational, or fundraising materials including, but not limited to videotapes, pamphlets and brochures. I understand my child(ren)'s name may be used in connection with these materials. By signing this media release, I intend to legally bind my child(ren). P.S.U.N has the right to use photographs and other images of my child(ren) in promotion, educational, or fund-raising materials. I acknowledge that P.S.U.N shall have rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release P.S.U.N and its officers, agents, and volunteers from all liability connected with the taking and use of these materials as is authorized by P.S.U.N. In addition, I waive all rights, interest or claims for payment in connection with any exhibition or release of this material. This consent is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of these institutions, or other lawful purposes. I acknowledge that I have legal authority to sign this form on behalf of the name mentioned above.

**Yes**       **No**

Child's Name, printed			
Parent/Guardian's Printed Name		Date	
Parent/Guardian Signature		Date	