



# Community Engagement Information Form

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone (     ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (     ) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone Number (     ) \_\_\_\_\_ - \_\_\_\_\_

**If you need ongoing hands-on support: it is required you bring staff or a family member with you to activities**

Allergies \_\_\_\_\_

Treatment for Allergy \_\_\_\_\_

Medications \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any other health concerns we should be aware of:



## Medical Release Form

I hereby give my consent for (1) the administration of any treatment deemed necessary by following doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist: and (2) the transfer to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

By signing this, I also give permission to the Board personnel to share my health/medical concerns (past/present) with Board personnel on a “need to know” basis, unless I notify the Board Program Director that I do not want it shared.

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Signature

Date

**Refusal for consent to treat: Only fill in this section if you do NOT wish to be treated in an emergency**

I do NOT give my consent for emergency medical treatment. In the event of illness or injury requiring emergency treatment, I wish the board authorities to take the following action:

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Signature

Date



## Community Engagement General Release of Claims, Consent to Participate & Photo Release Notification

I, \_\_\_\_\_ the undersigned, either individually, or as guardian to \_\_\_\_\_, hereby agree to hold harmless the Erie County Board of Developmental Disabilities, the Board of County Commissioners of Erie County, Ohio, their employees, agents, representatives or assigns, from and against all claims, demands, payments, losses and expenses, including but not limited to attorney fees, court costs, penalties and interest, for any personal injuries, including death or permanent incapacitation, or damage to personal or real property received or sustained by the undersigned for participation in recreational activities with Community-based leisure activities inside and outside Erie County, Ohio, including but not limited to transportation needs.

This form shall also constitute permission from the undersigned or the guardian acting on behalf of the undersigned to participate in activities inside and outside Erie County, including but not limited to transportation needs.

Members of Community Engagement understand that photographs may be taken during the events and their image/photograph may appear in pictures taken during the activity. Becoming a member with Community Engagement, you hereby give permission that photos containing your image may be included in any media outlet and may be seen by the general public. The Erie County Board of Developmental disabilities will not seek any further permission nor provide any notification before using such photos. Should you choose not to have a photo used please notify the activity coordinator when the photo is taken.

Effective dates: 1/1/2018-12/31/2018

Participant name (Print)	Signature	Date
Parent or Guardian (Print)	Signature	Date

This General Release and Consent to participate is effective for the period listed above. It may be withdrawn in writing and submitted to the representative of the Erie County Board of DD at any time after signing. Participation in all Community-based Leisure events is contingent on having a fully executed document on file with the Erie County Board of DD.

11-07-17