



ORCA Activity Information Form

Name: _____ Today's Date: _____

Birthdate: _____ Address: _____

Phone: _____ Disability: _____

Please describe any behavior related issues (i.e. following directions, language, responds well to positive feedback):

Medications

Times Taken

Who and how administered (i.e. needs reminder, taken with food, etc): _____

Date of last Tetanus: _____

Seizure History

Frequency: _____ Most Recent Date: _____

Characteristics: _____

Triggers: _____

Allergies: _____

Emergency Contact Information:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Doctor and Clinic: _____ Phone: _____

Turn Over →



Authorization for Medical Care: I authorize SAIL to call for medical care and/or to transport me to a medical facility or hospital if medical attention is needed. I agree that upon transport to any such medical facility or hospital SAIL shall not have any further responsibility for me. Further, I agree to pay all costs associated with such medical care and related transportation and shall indemnify and hold harmless SAIL from any costs incurred therein.

ORCA/SAIL staff reserve the right to refuse service to anyone intoxicated through the abuse of alcohol or illicit drugs, due to safety of all participants, volunteers, staff, and/or others. I agree to pay for broken/lost items issued to me by ORCA/SAIL staff and understand ORCA/SAIL is not responsible for any personal items of mine, which may be lost or stolen.

Signature/ Parent or Guardian if under 18

Date