Logo, company name

Description automatically generated The Annie’s House Adaptive Recreation Program is a collaboration between Anne Carlsen Center and Bottineau Winter Park and is located at Bottineau Winter Park. This program serves individuals with physical and intellectual disabilities, as well as veterans with 10% disability or greater. Services are provided at no charge to the individual, but we do accept donations to help continue the program.

The intake form is our way of matching the individual with the right instructor. Please fill out the form as completely as you can. Information contained on this form is kept confidential and is only used to make decisions about getting the right equipment and instructor for you.

Please return the form at least a week before your visit. This ensures that the instructor is available and the equipment is ready to go. The form can be emailed to Rachael or mailed to Bottineau Winter Park – see below for addresses.

To schedule a lesson or to get more information please call 701-263-4556 and ask for Rachael, or email [rachael.buss@annecenter.org](mailto:rachael.buss@annecenter.org)

You can also find more information on our Facebook page: Annie’s House Adaptive Recreation Program.

Forms can be sent to:

Bottineau Winter Park

Attn: Rachael Buss

PO Box 168

Bottineau, ND 58318

**PARTICIPANT FORM**

Participant Name: ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Last First Middle*

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street City State Zip*

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group Name (*If applicable)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant would like to:  Ski  Snowboard  Snowshoe Snow tube

***Due to manufacture requirements there is a 250 lb. limit on sit skis***

Rentals Required: Yes No Shoe Size (if renting): \_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Female Male DOB: \_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_

Ethnicity (Ex: Caucasian, Native American, Asian, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you previously participated in Annie’s House Adaptive Recreation Program? Yes No

Please check the **primary disability**:

Cerebral Palsy  Amputee  Downs Syndrome

Hearing Impairment  Developmentally Delayed Muscular Dystrophy

Multiple Sclerosis  Post Traumatic Stress Spina Bifida

Spinal Cord Injury  Stroke Traumatic Brain Injury

Visual Impairment  Autism Spectrum

OTHER (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Specifics of primary disability**: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Secondary Disability/ies**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Medications  Not applicable** \*Annie’s House does not administer medications

|  |  |  |
| --- | --- | --- |
| Medication | Dosage and schedule | Reason for taking |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Please describe any side effects that we should be aware of:** Click or tap here to enter text.

**Activities of daily living** (*mobility, hygiene, meals, etc.*)

\*Annie’s House does not administer medications or assist with toileting

**Independent** (freely ambulates or independently uses wheelchair, crutches, walker, can; transfers to and from vehicles and navigates on own, managers on medications, meals, bathroom needs including catheterizations)

**Assisted** (requires assistance with transfers to and from vehicles or toileting; continues to manage own meals, medications, and crowds)

**Dependent** (requires someone else to perform all the activities of daily living with them)

**SEIZURES: History of seizures:  Yes  No**

Type of seizures:  Petit Mal  Grand Mal  Focal

Date of last seizure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Controlled by Medication?  Yes  No

**Please list medical procedures and implanted devices - include locations and approximate date of procedure** (*i.e. fracture repairs with rods & pins, shunts, feeding tubes, insulin pumps, catheter*)

Not applicable

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Food or Drug Allergies  No known allergies  Latex allergy  I have an epi-pen**

\*if necessary please use a separate page

|  |  |
| --- | --- |
| Allergy | Reaction |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

**Sports experience:** Please mark all the activities that the applicant has previously participated in

Skiing (beginnernoviceintermediate) Snowboarding (beginnernoviceintermediate)

Swimming Biking Soccer Baseball/Softball Basketball Hockey

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Level of stamina:**  Fatigues easily Age-appropriate strength/energy  Varies

**If you have participated in another adaptive program please provide the name of the program and equipment you used:  Not applicable** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Communication**

**Please check any that apply:**

Non-verbal  Speaks in single words  Speaks in 2-3 word phrases

uses personal sounds  Uses gestures/points  Speaks in complete sentences

Uses pictures/cue cards  Uses communication board  Writes/draws wants and needs

Expressive language delays

Anything else we should know? ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Mobility – Body Movement**

**Mobility needs** (*i.e. power/manual wheelchair, crutches, cane, AFO*): ­­­­­­­­­­­­­­\_Click or tap here to enter text.

**Please check any that apply:**

Hemiplegia  Poor Coordination  Poor Hand-Eye Coordination

Spasticity  Poor Muscle Tone  Muscle Spasms

Joint Rigidity  Contractures  Altered Gait

Poor Balance  Involuntary Movements Hyperflexibility

**Spinal Cord Injury:** Location (*i.e. T-4, C-6)* \_\_\_\_\_\_\_\_\_\_\_\_

Complete Incomplete Paraplegia Quadriplegia Autonomic Dysreflexia

**Amputee:** Please describe type of amputation

Right  Left  Bilateral

Above knee  Below knee  Complete upper limb

Above elbow  Below Elbow  Complete lower limb

Do you intend to wear your prosthesis while taking part in the program?  Yes  No

**Cognitive**

Sequencing difficulty  Processing delay  Learning disability

Please let us know any other specifics: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Behavior**

**Behavior and general attitude:**

*Enter the numbers to the items below: 1 = normal, 2= mild problem, 3= moderate problem, 4= severe problem*

\_\_Frustration tolerance \_\_Confusion \_\_Anxiety

\_\_Temper \_\_Impulsiveness \_\_Following directions

\_\_Memory loss \_\_Spatial disorientation \_\_Hostility

What is the participant’s functional age? \_\_\_\_\_\_\_\_\_\_\_\_\_

*Please check any that apply*

Hyperactivity  Elopement  Extreme emotional responses

Uncooperative  Does not consider consequences  Angers easily

Social delays  Easily distracted by sensory stimuli  Unaware of limitations

Ignores details  Difficulty staying seated or in line  Low activity level – needs motivation

Appears forgetful  Excessive talking/interrupts frequently  Difficulty with abstract thoughts

Short attention span  Difficulty following directions/finishing tasks

Please describe behaviors the instructors should be aware of – triggers, methods to soothe, best way to reward participant (verbal, high-five, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Hearing**

Hearing impairment:  Partial hearing loss  Total hearing loss

Date of diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the participant:  Wearing hearing aid(s) Has a cochlear implant Communicate with ASL

Anything else we should know? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Vision**

Visual impairment  Partially sighted/legally blind  Complete blindness

Date of diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cause for the visual impairment:

Cataracts  Macular Degeneration  Diabetes

Retinopathy  Retinitis Pigmentosa  Optic Atrophy

Glaucoma  Trauma

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To aid in mobility does the participant use:  cane  guide  guide dog

Anything else we should be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**May Annie’s House use the participant’s image (video and/or photography)?**  Yes  No

Information above is confidential and will only be shared with ski instructors/ski patrol involved in participant’s lesson, to prepare for the lesson.

**Parent/Guardian signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANNIE’S HOUSE/ANNE CARLSEN

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In consideration for and as a condition of my above-named child’s/ward’s participation in activities, events, programs, and travel (“activities”) sponsored by Annie’s House and Anne Carlsen Center (“Anne Carlsen”) for which I am registering and, on behalf of myself and my child, I agree as follows:

**Assumption of the Risk**

**I understand that participation in activities administered by Annie’s House and Anne Carlsen may be potentially dangerous and that my child/ward may be injured as a result of participating in these activities. As such, I, on behalf of my child/ward, do hereby assume all risks associate with these activities including** death, injury or illness from accidents of any nature whatsoever and theft or loss of personal property during the camp.

Release, Waiver of Liability, and Indemnification

I, on behalf of my child/ward, myself, and our heirs, personal representatives, successors, assigns, insurers, and other third parties, hereby release, waive, forever discharge, covenant not to sue and agree to indemnify, hold harmless, and defend Annie’s House and Anne Carlsen, its governing board, officers, agents, employees, and volunteers from and against any claims, losses, damages, and expenses, including but not limited to, medical bills, court costs, attorneys fees, and property damage or injuries, including death, to my child/ward because of their participation in any Annie’s House and Anne Carlsen sponsored activities, events, or programs, whether caused by the negligence of Annie’s House and Anne Carlsen to the maximum extent permitted by law.

I acknowledge that, by signing this document, I am giving up substantial legal rights and understand that this intake and release form is a contract with legal and binding consequences and that it applies to all activities sponsored by Annie’s House and Anne Carlsen in which my child/ward engages in, regardless of whether such activity is a part of a formal program.

Release for Personal Property

I acknowledge and agree that Annie’s House and Anne Carlsen, and its agents, employees, representatives, volunteers and assigns shall not be liable for any loss or theft of personal property and I release Annie’s House and Anne Carlsen, and the aforementioned from any liability for loss or theft of any personal property.

Consent for Medical Treatment

I hereby give my consent to have my child/ward treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in activities sponsored by Annie’s House and Anne Carlsen. I understand that no insurance coverage for participants in these activities is provided by Annie’s House and Anne Carlsen and that the cost of medical care will be at my expense.

I agree to indemnify and hold harmless Annie’s House and Anne Carlsen for any costs incurred to treat my child/ward and I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, Anne Carlsen from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, that may be sustained by my child/ward while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of Annie’s House and Anne Carlsen.

Consent to Disclose Protected Health Information

I understand that disclosure of my child’s/Ward’s protected health Information, as defended by the Health Insurance Portability and accountability Act (HIPAA), to third parties may be required in order for my child/ward to successfully participate in registered activities and I agree to permit Annie’s House and Anne Carlsen to disclose my child’s/ward’s PHI and medical information on the intake forms to instructors, ski patrol, and other Winter Park staff to make sure they are knowledgeable about medications, side effects, disabilities, etc.

I understand that I have the right to revoke this consent to disclose protected health information of my child/ward at any time.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS ENTIRE DOCUMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT IT AFFECTS YOUR LEGAL RIGHTS, AND AGREE TO BE BOUND BY ITS TERMS.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_