



Jacob's Ladder Ancillary Programs

Child's Name: _____ Age _____ Birth Date _____ Sex: M F

Diagnosis/Disability: _____

Emergency Contact #1: _____ Relationship to Child: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Employer: _____ Address: _____ Phone: _____

Emergency Contact #2: _____ Relationship to Child: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Employer: _____ Address: _____ Phone: _____

Child's Physician: _____ Phone Number: _____

Waiver of participation and release of liability:

As a condition of participation in the program, I waive any and all claims against Jacob's Ladder Pediatric Rehab Center, its affiliates and/or agents for injury or damage that may be sustained as a direct or indirect result of my child's participation in program activities. _____ Initial

I give my consent to his/her being administered any emergency medical treatment by a physician or hospital in case of an accident or illness. _____ Initial

By signing below, I am acknowledging that I have read and understand the policies, general information, and Liability Waiver outlined above.

Parent/Guardian Signature _____ Date: _____

Please Complete One for Each Participating Child

Child's Name: _____

1. List any food allergies:

2. List any medication allergies:

3. List any other allergies:

4. List any medical conditions our staff should be aware of:

5. Does your child have Epilepsy/Seizures: Yes No

6. Does your child carry or need an epi-pen for an allergy?: Yes No

If yes, I give my permission for Jacob's Ladder staff to administer Epi-Pen _____ Initial

7. List any medications your child is currently taking:

8. Use the following key for grading level of supervision required for each task listed:

I = Independent S = Some Supervision C = Constant Supervision P = Physical Assist

____ Diaper

____ Toileting

____ Feeding

____ Medication

9. Briefly describe any behavioral issues or special care for your child our staff should be aware of:

10. List foods that should be avoided: _____

11. List food preferences: _____

I consent to Jacob's Ladder Pediatric Rehab Center to provide JL Academy services to my child, which may include gross & fine motor activities, sensory program activities, group social activities, meal prep activities, quiet times and participation in snack and lunch time activities:

Parent/Guardian Signature: _____ Date: _____

It is the policy of Jacob’s Ladder Pediatric Rehabilitation Center, Inc. to consider all patients/customers without regard to race, color, religion, gender, national origin, age, or mental or physical disability. Information obtained regarding any of these characteristics will be recorded solely for informational purposes, and will be considered only as required to determine the type and level of care to be provided.

Select YES (Y) if your child has a current illness or history of the following, otherwise select NO (N)

AIDS	Y	N	Eating Problems	Y	N	Loss of consciousness	Y	N
Allergy	Y	N	Epilepsy/Seizures	Y	N	Measles	Y	N
Asthma	Y	N	Extreme tiredness	Y	N	Mumps	Y	N
Balance Problems	Y	N	Operations	Y	N	Dizziness	Y	N
Chicken Pox	Y	N	Eye Problems	Y	N	Paralysis	Y	N
Coordination Problems	Y	N	Fainting Spells	Y	N	Rheumatic Fever	Y	N
Seizures	Y	N	German Measles	Y	N	Sensory Integration Problems	Y	N
Diabetes	Y	N	Heart Disease	Y	N	Tuberculosis	Y	N
Difficulty Concentrating	Y	N	Hepatitis	Y	N	Whooping Cough	Y	N
Injuries to Head	Y	N	Fever	Y	N	Jaundice	Y	N
			High Blood Pressure	Y	N	Cancer	Y	N
			Hospitalizations	Y	N	Other (please explain)	Y	N
			Ear Problems	Y	N			

If you marked any of the above as YES, please explain:

By signing below, I _____ verify that all of the information on the Jacob’s Ladder intake packet is complete and accurate. I also understand that I will pay on a monthly basis, to be collected at the first session of each month, and I will not be reimbursed for any sessions I miss.

Parent/Responsible Party Signature

Date

Photograph/Media Authorization

I authorize Jacob's Ladder Pediatric Rehab Center to photograph my child(ren).

I give permission for my child to be included in picture/video recording that may be used on our brochures, newsletters, Donor "Thank You"s, and Jacob's Ladder's Website.

I DO NOT authorize Jacob's Ladder Pediatric Rehab center to photograph my child(ren).

Child's Name

Parent/ Guardian Signature

Date

Jacob's Ladder Group Aquatics Addendum

Participant's name: _____

When would you like your child to participate in Group Aquatics?

Group Aquatics is held every Tuesday at the Hobart Family YMCA

Please select the session you would like to attend:

4:00 – 4:45 PM

4:45 – 5:30 PM

5:30 – 6:15 PM

Guardian Participating with Child: _____ **Email:** _____

Home Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Employer: _____ **Address:** _____ **Phone:** _____

**In the event that I, _____, cannot participate I give my consent for
(name) _____ (telephone) _____ to participate in group aquatics
sessions with my above named child. (Initial: _____)**

Child's Physician: _____ **Phone Number:** _____

How did you hear about the Jacob's Ladder Group Aquatics Program?

Parent/Guardian Signature _____ **Date:** _____



Jacob's Ladder Group Aquatics Addendum

Participant's name: _____

WAIVER/RELEASE OF LIABILITY

1. As the parent/guardian of the enrolled participant, _____, I agree and understand that there are risks associated with the use of the pool. I am aware of these risks and agree that my/my child's participation is at my/their own risk. I hereby release Jacob's Ladder & Hobart Family YMCA, its officers, directors, agents, contractors, and employees, as well as the pool's owners, their subsidiaries, affiliates, directors, officers, agents, contractors, and employees, from any and all actions, costs, suits, demands, claims, damages, losses, and liabilities connected to my/my child's participation in the activities of the aquatic therapy program. This includes reasonable attorney's fees of any kind whatsoever arising out of or caused by my/my child's participation in any such activities. I am aware of the following contraindications for pool participation: 1) severe cardiac problems; 2) uncontrolled seizures; 3) open wounds; 4) open trachea; 5) infectious skin conditions; 6) fever; 7) urinary infection. I agree that my child is medically sound to pursue aquatic therapy or swim instruction. (INITIAL: _____)
2. I give Jacob's Ladder & Hobart Family YMCA the right and permission to take photographs or video/audio footage of my child's treatments or swim lessons. Once obtained, this media may be used in publications, educational presentations, marketing pieces, on the website, or in any other legitimate manner, without charge. I understand that I/my child will not be identified by name when such media are used. (INITIAL: _____)
3. I give Jacob's Ladder permission to discuss my child's case with involved professionals. I understand that services are performed in a public place and in plain view of non-care related professionals. (INITIAL: _____)
4. I fully understand the rules and regulations of the pool where services are provided, and will abide by them completely. I release Jacob's Ladder & Hobart Family YMCA from all future claims and causes of action occurring as a result of personal injuries sustained by the client as a consequence of using any facility where Jacob's Ladder does business. I agree to cooperate fully with any request by the staff at this facility. (INITIAL: _____)
I agree to place my un-toilet trained child in a special swim diaper. (INITIAL: _____)

Pool Location: Hobart Family YMCA, 601 W 40th Place, Hobart IN 46342

Parent/Guardian's Name: _____

Parent/Guardian Signature _____ Date: _____



Jacob's Ladder Group Aquatics Addendum

Participant's name: _____

Financial Agreement

I understand that in order for my child to participate in the group aquatics program:

1. I must commit to bringing my child to each of the four (4) Tuesday's over the four-week period. *
2. I agree to pay \$30.00 for each of the four (4) Tuesday sessions.
3. I agree to payment before the start of the first session totaling \$120. Prices will not be prorated regardless of attendance.

Cancellation Policy

Our goal at Jacob's Ladder is to help you/your child achieve optimal function as quickly as possible. Consistent attendance is critical to progress in the Aquatic program. All sessions will proceed as planned unless otherwise notified. In the event of inclement weather or other emergencies you will be notified of any session cancellations via phone communication. If you are unable to attend a group aquatics session, we are unable to prorate future group sessions.

CONFIDENTIALITY AGREEMENT

Jacob's Ladder adheres to a strict policy of confidentiality. **No employee, volunteer or agent partnering with Jacob's Ladder shall disclose confidential information gained by reason of her/his position or business with Jacob's Ladder.** Such confidential information shall also not be used for personal gain or benefit.

By signing below I am...

- Agreeing to keep all information I receive concerning current and past patient demographics, health information, financial status, etc. confidential. Matters concerning current and past patients will be discussed only with Jacob's Ladder staff and volunteers.
- Consenting to my understanding that if I break this confidentiality agreement I will be permanently dismissed from my position as a volunteer with Jacob's Ladder, effective immediately.
- Agreeing to adhere to Jacob's Ladder policies regarding the HIPPA privacy policy.

Parent/Guardian's Name: _____

Parent/Guardian Signature _____ Date: _____

*Prices may vary depending on the number of Tuesday's in each month