

Community Support Services - 5100 Tice Street - Fort Myers, Florida 33905 - 239.995.2106

PATHWAYS TO OPPORTUNITY Health Information Form

Legal Name: _____

Street Address: _____ City, State, Zip _____

Home Phone: _____ Alternate Phone: _____

Date of Birth: _____ Gender: _____

Name of Guardian: _____ Telephone: _____

Guardian Email: _____ Alternate Telephone: _____

Emergency Contacts:

<i>Relationship</i>	<i>Name</i>	<i>Phone Number</i>	<i>Alternate Phone Number</i>

Diagnosed Disability: _____

Do you (the applicant) have any of the following:..

- | | YES | NO | Sometimes |
|--|--------------------------|--------------------------|--------------------------|
| 1. ...Seizures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provide specific instructions, triggers, etc. for seizures: _____ | | | |
| 2. ...Heart Problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. ...High Blood Sugar | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. ...Low Blood Sugar | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. ...Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. ...Allergies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Allergy and reaction: _____

- | | | | |
|--------------------------------|--------------------------|--------------------------|--------------------------|
| 7. ...Reaction to Insect Bites | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. ...Food Restrictions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Restrictions: _____

- | | | | |
|----------------------------|--------------------------|--------------------------|--------------------------|
| 9. ...Medication Allergies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|----------------------------|--------------------------|--------------------------|--------------------------|

Allergy and reaction: _____

Please explain all "YES" answers from above:



Good for Families,
Good for Communities!

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Medication Information: Medication must be taken independently at program.

Please complete form completely (can use back or additional paper if needed).

Medications	Dosage & Times	Reasons for Medications	Drug Allergies & Signs
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Please notify Pathways to Opportunity Supervisor of any medication changes throughout services.

Primary Physician: _____

Address: _____ Phone/Fax Number _____

Hospital Preference: _____

Questions about you (the applicant)...

Have alone time? Yes No If yes, how much per day? Minutes: _____ Hours: _____ Days: _____

If sunscreen is needed for outdoor activities, who should apply? Self Staff Other: _____

Can leave the group and independently use the restroom and return? Yes No

Do you smoke? Yes No

Pathway to Opportunities Program provides a variety of physical activities in a range of environments depending upon individuals' choices. Please comment on any physical limitation you (the applicant) might have in doing physical activities and any concerns for environment/weather.



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Emergency Medical Authorization

In the event that reasonable attempts to contact the parent or guardians has been unsuccessful;
I _____ hereby give my consent for the admission to hospital or any treatment for
_____ as deemed necessary.
Participants Name

Application Completed by: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

Parent/guardian Signature: _____ **Date:** _____

Physician's Signature: _____ **Date:** _____

Please return this form and supplemental documents to:

Pauline Browning, Program Site Supervisor
Goodwill Industries of Southwest Florida, Inc.
5100 Tice Street, Fort Myers, FL 33905
paulinebrowning@goodwillswfl.org
Phone: 239.995.2106 ext. 2229
Fax: 239.652.1655

This health form will be updated annually for quality assurance purposes.