

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

**PATHWAYS TO OPPORTUNITY- Life Skills Series 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"/>
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***Allergy and reaction:*** \_\_\_\_\_

***Please explain all "YES" answers from above:*** \_\_\_\_\_

**PATHWAYS TO OPPORTUNITY Health Information Form**

**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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Good for Families,  
Good for Communities!

## PATHWAYS TO OPPORTUNITY Health Information Form

### **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](mailto:paulinebrowning@goodwillswfl.org)  
Phone: 239.995.2106 ext. 2229  
Fax: 239.652.1655

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