

Medical Information

Please print, using black or blue pen

YOUR CHILD'S INFORMATION			
Child's Last Name:	Child's First Name:	Child's Preferred Name:	Child's Date of Birth:
Parent or Legal Guardian's Name:		Cell Phone (including area code):	Email Address:
Address/City/State/Zip:		Home Phone (including area code):	Work Phone (including area code):
Emergency Contact (other than parent or legal guardian):		Emergency Contact's Cell Phone:	Emergency Contact's Email:

YOUR CHILD'S MEDICAL HISTORY														
<i>UMHB will not administer medication or provide medical treatment. In an emergency, basic first responder care may be provided.</i>														
I affirm that all my child's immunizations required by the school s/he attends are current		List medication currently being taken and their purpose												
<input type="checkbox"/> YES (Attach immunization record (or opt-out form from the school your child attends), required for participation)		<table border="1"> <thead> <tr> <th>Medication:</th> <th>For what reason?</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td></tr> <tr><td>2.</td><td></td></tr> <tr><td>3.</td><td></td></tr> <tr><td>4.</td><td></td></tr> <tr><td>5.</td><td></td></tr> </tbody> </table>	Medication:	For what reason?	1.		2.		3.		4.		5.	
Medication:	For what reason?													
1.														
2.														
3.														
4.														
5.														
List any medical conditions your child has (i.e. seizures, diabetes)														
List allergies (medicine, food, environment, contact, etc.) and reaction.		Special safety instructions for your child:												
Allergen	What happens?													
1.														
2.														
3.														

YOUR CHILD'S MEDICAL INSURANCE	
<i>THIS IS FOR MEDICAL EMERGENCY PURPOSES ONLY. UMHB DOES NOT BILL YOUR INSURANCE COMPANY FOR ITS SERVICES. UMHB assumes no responsibility for medical expenses incurred by you or your child and strongly recommends that SNL participants maintain individual medical insurance.</i>	
Medical Insurance Company:	Primary Care Physician Name: _____ Office Phone #: _____
Medical Insurance Company Address/City/State/Zip:	Medical Insurance Company Phone (Member Services #):
Policy Number:	Group Number (if applicable):

Special Needs Lab Application

Please print, using a black or blue pen

YOUR CHILD'S INFORMATION					
Child's Last Name:	Child's First Name:	Child's Preferred Name:	Child's Date of Birth:	Child's Grade Level:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Parent or Legal Guardian's Name:		Cell Phone (including area code):		Email Address:	
Address/City/State/Zip:		Home Phone (including area code):		Work Phone (including area code):	
Please describe your child's special need(s):			Age of First Diagnosis:		

HOUSEHOLD INFORMATION					
Child Primarily Lives With: <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Both Parents <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____					
Please list others who live in the household with your child:					
Name:	Age:	Relation:	Name:	Age:	Relation:
Name:	Age:	Relation:	Name:	Age:	Relation:
Name:	Age:	Relation:	Name:	Age:	Relation:

PROGRAM RESOURCES	
How did you hear about the UMHB Special Needs Lab?	
List four therapies or programs your child has been involved with most recently:	1.
	2.
	3.
	4.
List three academic, social and/or behavioral goals you want for your child during their participation in the UMHB Special Needs Lab:	1.
	2.
	3.

Special Needs Lab Application

Developmental Range

Child's Last Name:	Child's First Name:	Child's Preferred Name:
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YOUR CHILD'S PREFERENCES:	
Favorite Toy:	Favorite Food:
Favorite Activity:	Other:

YOUR CHILD'S COMMUNICATION SKILLS (Check all that apply)	
<input type="checkbox"/> No Speech Sounds	<input type="checkbox"/> Babbles (ma, bah, bo)
<input type="checkbox"/> Says 1-10 recognizable words	<input type="checkbox"/> Says 10+ recognizable words
<input type="checkbox"/> Primary mode of communication is verbal language	<input type="checkbox"/> Imitates words and sounds
<input type="checkbox"/> Primary mode of communication is sign language	<input type="checkbox"/> Echolalia (nonfunctional repeating of sounds or words)
<input type="checkbox"/> Primary mode of communication is PECS/pictures	<input type="checkbox"/> 2-3 word phrases
<input type="checkbox"/> Primary mode of communication is electronic communication device	<input type="checkbox"/> Uses short sentences
If yes, approximate number of signs: _____ If yes, approximate number of pictures: _____ If yes, what device: _____ How many buttons? _____	

YOUR CHILD'S SKILL LEVEL (Please check only one that best identifies the skill level)			
	INDEPENDENT	NEEDS REMINDERS/INSTRUCTION	NEEDS PHYSICAL ASSISTANCE
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PHYSICAL AGGRESSION
<input type="checkbox"/> Pushes
<input type="checkbox"/> Hits and/or Kicks
<input type="checkbox"/> Bites
<input type="checkbox"/> Throws things

CHALLENGES OR BEHAVIORAL CONCERNS (Please rate)			
	MILD	MODERATE	SEVERE
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Needs Lab Application
Temporary Authorization

In the event you, as the primary adult responsible for the child, cannot bring and/or stay for the full SNL session, this form grants UMHB SNL Program permission to allow up to three adults, designated by you, to assume emergency responsibility for your child. If you do not wish to grant this permission to others, write N/A and your initials under each of the 3 Alternative Adult sections.

Fill in the form with each designated adult's name, address, phone number, and relationship to the child. It is your responsibility that each adult listed below fully understands the guidelines and policies set forth by the SNL program. **Each designated adult must show photo identification before we will release the child to them.**

Child's Last Name:	Child's First Name:	Child's Preferred Name:
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PRIMARY ADULT TO ACCOMPANY CHILD TO SNL PROGRAM SESSIONS:		
Parent or Legal Guardian's Name:	Cell Phone (including area code):	Email Address:
Address/City/State/Zip:	Home Phone (including area code):	Relationship to Child:

AUTHORIZED ALTERNATE ADULT 1:		
Adult's First and Last Name:	Cell Phone (including area code):	Email Address:
Address/City/State/Zip:	Home Phone (including area code):	Relationship to Child:

AUTHORIZED ALTERNATE ADULT 2:		
Adult's First and Last Name:	Cell Phone (including area code):	Email Address:
Address/City/State/Zip:	Home Phone (including area code):	Relationship to Child:

AUTHORIZED ALTERNATE ADULT 3:		
Adult's First and Last Name:	Cell Phone (including area code):	Email Address:
Address/City/State/Zip:	Home Phone (including area code):	Relationship to Child:

I, _____ (print name) authorize the adults named above to assume emergency responsibility of my child in my absence.

Parent/Guardian Printed Name			
Parent/Guardian Signature		Date	

MAREK-SMITH CENTER **FOR TEACHER PREPARATION** **UNIVERSITY OF MARY HARDIN-BAYLOR**

Child's Last Name:	Child's First Name:	Child's Preferred Name:
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Special Needs Lab Participation

I, _____ (print name) give my permission for my child named above to participate in University of Mary Hardin-Baylor's Special Needs Lab (hereafter referred to as UMHB and SNL). I have read, understand and will comply with the rules and policies of the university and its SNL. I have completed the SNL Application forms truthfully to the best of my knowledge.

The SNL may utilize a variety of educational methods. Your child's plan may include the following elements unless permission is withheld for a specific item:

Immersion Room: Students will encounter an immersive experience in which they feel as if they are in a specific setting. For example, a student may be watching a dinosaur scene and the projections on the wall show a 360 degree image of the scene. Some people may feel as if the room is moving or a sense of vertigo. If your child is uncomfortable in the Immersion Room, they will be removed and taken to another area in the building for activity. This Immersion Room can be used for sensory needs, academic lessons, communication skills, and collaboration.

INITIAL ONLY ONE: _____ PERMISSION GRANTED OR _____ PERMISSION WITHHELD

High Impact Zone: Students will engage in gymnasium type activities including a rock wall, ball pit, swings, monkey bars, and miniature zip line. Though the floor is padded, a potential risk of injury from falling exists. The High Impact Zone is specifically used for the sensory needs of children.

INITIAL ONLY ONE: _____ PERMISSION GRANTED OR _____ PERMISSION WITHHELD

Outdoor Exploration Zone: Students will engage in play, socialization and communication skills through activities including but not limited to basketball, jump island, bowling, tricycle riding, and a 4 person teeter totter. Helmets are provided for all children using riding equipment and are cleaned after every use.

INITIAL ONLY ONE: _____ PERMISSION GRANTED OR _____ PERMISSION WITHHELD

I understand the program cost is \$50.00 per academic year, regardless of the number of sessions my child attends. I understand that I will not receive any refund in the event my child misses a session or I discontinue my child's participation in the SNL program.

I hereby release and forever discharge UMHB, its officers, employees, students, and agents, from any and all claims, demands, causes of action, or suits arising from any injury to me or my child's person or property as a result of my child's participation in the events/activities sponsored by UMHB, including but not limited to injuries or damages arising from the use of equipment or facilities provided by UMHB. I further agree to indemnify and hold harmless UMHB, its officers, employees, students, and agents, from any cost, expense, or liability arising from a claim asserted by me or on my/my child's behalf which is described in the previous sentence. This release is binding on me and upon my heirs, personal representatives, and assigns. I assume and accept any and all risks of injury or death. This release of liability includes, but is not limited to, claims based on the negligence of UMHB, its officers, employees, and agents.

CHECK ONLY ONE:

☐ I am the child's custodial parent (if divorced, court document establishing custody must be attached)

☐ I am the child's legal guardian (court documents establishing legal guardianship must be attached)

Parent/Guardian Printed Name			
Parent/Guardian Signature		Date	

Research and Data Collection

<input type="checkbox"/> Yes	<input type="checkbox"/> No	I give my permission for research data to be collected on my child during his/her participation in University of Mary Hardin-Baylor's Special Needs Lab.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I understand that information will be collected by university students as an educational experience and UMHB does not represent or warrant that such information will be accurate or reliable.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I understand the data collected on my child is strictly for general research purposes. The data collected and analysis derived is not intended to assist, recommend or diagnose any conditions or determine any education placement for my child. This data will NOT replace any diagnosis or decisions of a medical professional, school official or other credentialed persons.

Parent/Guardian Printed Name			
Parent/Guardian Signature		Date	

Use of Photo and Video Recordings			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I give my permission for the University of Mary Hardin-Baylor to use photographs and video recordings of my child as named above during his/her participation in UMHB SNL for educational purposes in the classroom setting or at professional conferences related to the field of education, to illustrate good teaching practices and opportunities for student improvement.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I give my permission to UMHB to use photographs of my child as named above to be published for the purpose of promoting the Special Needs Lab Program. This may include printed and web-based materials.	
Parent/Guardian Printed Name			
Parent/Guardian Signature			Date