

THERAPEUTIC RECREATION INDIVIDUAL SERVICE PLAN

ANNUAL UPDATE

Please complete all applicable information and sign in the appropriate areas. This form must be on file prior to the start of any program participation.

GENERAL INFORMATION

Name: _____ Date: _____

Email: _____ Phone: _____

Change in Address? No Yes _____

New Diagnosis? No Yes _____

New agency or agency contact involved? No Yes _____

New emergency information or physician? No Yes _____

MEDICAL INFORMATION

Any changes in medical history in the last year? No Yes

MEDICATION

Any changes in medication in the last year? No Yes

COMMUNICATION

Any changes in communication in the last year? No Yes

BEHAVIOR / PERSONALITY

Any changes in behavior or personality in the last year? No Yes

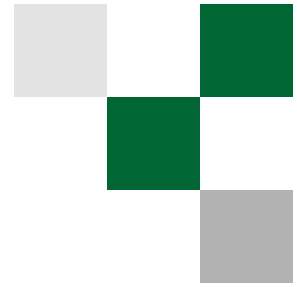
Is there a new behavior plan? No Yes

LEISURE NEEDS AND INTERESTS

Any changes in leisure needs or interests? No Yes

OTHER

Continuation of the Photo Release signed with original ISP? No Yes



PERSONAL CARE

It is the HRCA Therapeutic Recreation program policy that all personal care, including transfer if required, are the responsibility of the participant, guardian, or caregiver.

CANCELLATION / BILLING POLICY

Our staffing for 1:1 instruction is arranged by appointment. An appointment cancellation with less than 24 hours notice will result in a charge equal to the hourly fee.

NOTICE: By enrolling or participating in any program and recreational activity provided or sponsored by the Highlands Ranch Community Association, Inc. (HRCA), members and guests acknowledge and agree that there are certain risks inherent in the programs and activities conducted at the HRCA's Recreational Facilities or off-site programs, which the members and guests assume. By enrolling or participating in any program and recreational activity, members and guests agree to waive any claim of liability against the HRCA and its members, directors, officers, agents, employees and contractors, related entities and affiliates and their agents and employees, arising out of any loss, injury, or death attributed to such risks and the use of the HRCA's Recreation Facilities or off-site programs.

Responsibility for Emergency Care In consideration of the possibility of an accident, PARTICIPANT or PARTICIPANT'S parents or legal guardian hereby consents to emergency transportation and treatment necessary in the event of injury or illness. PARTICIPANT or PARTICIPANT'S parents or legal guardian hereby accepts responsibility for the payment of any emergency transportation and treatment expenses and any subsequent medical bills. PARTICIPANT or PARTICIPANT'S parent or legal guardian acknowledges that the HRCA has not purchased any health or accident insurance to cover such expenses.

Physician's Examination PARTICIPANT or PARTICIPANTS parents or legal guardian understands and agrees that, although a physician's examination is not required to participate in the programs and activities offered by the HRCA in the Therapeutic Recreation program, that it is highly advisable that participant consult with and be examined by a physician before participating in any athletic and/or strenuous activities.

Appropriate Social Behavior Participants will demonstrate appropriate social behavior. Continuous unsafe behaviors (hitting, kicking, self-abusing, verbal outbursts, or refusal to stay or participate, with group/activity) cannot be tolerated in the community recreation setting. When this type of behavior is demonstrated in the recreation setting, the Therapeutic Recreation staff member will provide intervention that is appropriate for the developmental age and ability of the participant. If the participant is unable to respond to the intervention, the participant's parent/guardian will be notified and the parent/guardian will be asked to pick up the participant from the program. If the participant is to continue in the Therapeutic Recreation program, the parent/guardian must consult with the Therapeutic Recreation staff and, when indicated, a behavioral plan will be designed by the therapeutic Recreation Specialist, in conjunction with the parent or guardian.

"We are working diligently to provide a clean, safe environment for you, but with all things related to COVID-19 there is inherent risk. It is up to you to choose to use the HRCA amenities, knowing that you assume risk when gathering with other people and visiting other facilities."

Participant and/or parents or legal guardian, if applicable

Date