



Parents Night Out (PNO)

Please attach recent photo of child.

Please remember to return this application to: Adriana Rico
Parent Night Out Respite Coordinator
ARico@eastersealshouston.org

Today's Date _____
Client's Name _____ DOB/Age _____ Male Female
Address _____ City, ST Zip _____
County _____ Race _____ Language _____ How did you hear about us? _____

FAMILY INFORMATION

Parents/Guardians _____ Home # _____
Parent/Guardian 1 Wk #, Cell #, or Pgr # _____ Parent/Guardian 2 Wk #, Cell #, or Pgr # _____
E-mail Address _____
Child lives with one parent or both parents or other _____ Total number living in household with child _____
Family's total annual income (will not affect family's eligibility for service) **Please do not estimate:** _____

EMERGENCY INFORMATION

Emergency Contact (other than parent):
Name/Relationship _____
Home # _____
 Wk #, Cell #, or Pgr # _____
Family Doctor _____ Phone # _____
Preferred Hospital (in case needed) _____ Phone # _____
Insurance Company _____ Phone # _____
Insured's Name _____ Insured's S.S. # _____
Policy # _____ Group # _____ Medicaid # or CIDC # _____

Please describe your child's primary and (if any) secondary diagnoses:

Please describe your child's medical issues (if any) that require special care (allergies, types of medications, toileting issues, types of care procedures, etc.):

Is there any additional information that you think we should know in order to care for your child (e.g. signs to look for to note fatigue or frustration, meanings of gestures, etc.)?

Please list all supplies and appliances related to your child's disability that will be brought to PARENTS NIGHT OUT (e.g. wheelchair/wheelchair accessories, AFO's, walker, helmet, pull-ups, etc.):

Has your child spent anytime away from home? Yes No Do you expect your child will be home-sick? Yes No
If Yes to either, what type of resolution would you suggest? _____
Does your child have any fears? Yes No Or any concerns about attending activities? Yes No
If Yes to either, what eases your child's anxiety best? _____

What type of reinforcement would be most effective with your child?
 Praise Recognition Reward Special Privileges
 Other _____

Has your child had any discipline problems at home or at school? Yes No
Do you expect that your child will exhibit any problematic behavior? Yes No
If Yes, what type of resolution would you suggest? _____

What manner of discipline would be most effective with your child?
 Remove from the activity (e.g. time-out) Do not permit participation in the activity
 Other _____

PERSONAL INFORMATION, continued

What are your child's likes and dislikes (e.g. social situations, living space allocation, foods/drinks, etc.)?

What are your child's favorite active activities, games, or hobbies?

What are your child's favorite quiet activities, games, or hobbies?

Please provide any information that you feel will make this an enjoyable and educational experience for your child:

EASTER SEALS GREATER HOUSTON ACTIVITIES RELEASE

This program is not licensed by the State of Texas. By signing below you agree to accept these terms.

I. PARTICIPATION CONSENT

I understand and certify that my/my child's participation in PARENTS NIGHT OUT (HARC) is completely voluntary. I have familiarized myself with PARENTS NIGHT OUT (HARC) programs and activities in which I/my child will be participating. I acknowledge that although PARENTS NIGHT OUT (HARC) has taken safety measures to minimize the risk of injury to participants, PARENTS NIGHT OUT (HARC) cannot ensure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations, and procedures for PARENTS NIGHT OUT (HARC). Further, I have received approval from a doctor authorizing me/my child to participate in the PARENTS NIGHT OUT (HARC) activities. I also agree to inform PARENTS NIGHT OUT (HARC) of any activities in which I/my child may not participate. This program is NOT licensed by the state of Texas.

II. LIABILITY RELEASE

As for activities in general, I, the undersigned, understand that occasionally accidents occur during activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of activities, nonetheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. As for activities using animals, I the undersigned, acknowledge that even though programs using animals may carefully screen their animal handlers prior to accepting them into their programs, animal behavior is inherently unpredictable. Therefore, I do hereby release PARENTS NIGHT OUT (HARC) from any and all liability or responsibility due to any injury or loss that either I or my child may incur as the result of, or arising in any way from, our participation in any activity using animals. I hereby release and forever discharge PARENTS NIGHT OUT (HARC) and any of their officers, directors, employees, and agents from all claims, causes of action or damages arising out of any injury, illness, or loss of any kind, known or unknown, including but not limited to injuries to property or person, to me/my child during or related to my/my child's attendance at PARENTS NIGHT OUT (HARC).

III. MEDIA RELEASE

I give PARENTS NIGHT OUT (HARC) the right to interview and/or take photographs, audio or audio-visual recordings of me/my child to be used in promotional, educational or fundraising materials, including but not limited to videotapes, pamphlets and brochures. I acknowledge that PARENTS NIGHT OUT (HARC) shall have all rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release PARENTS NIGHT OUT (HARC) and its officers, agents, and employees from all liability connected with the taking and use of these materials as is authorized by PARENTS NIGHT OUT (HARC). In addition, I waive all rights, interest, or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, and furtherance of the goals of these institutions, or other lawful purposes. I acknowledge that I have legal authority to sign this form on behalf of the minor whose name is mentioned below.

IV. POLICY ON AGGRESSIVE BEHAVIORS

EASTER SEALS Greater Houston reserves the right to refuse services to any individual who displays disruptive and/or aggressive behavior. Disruptive and/or aggressive behaviors include, but are not limited to: endangering one's self or others (i.e. self-abuse, hitting, biting, kicking, physically or verbally threatening the staff or other participants). If this type of behavior occurs, the individual will be asked to leave the activity immediately. The determination of such behavior is at the discretion of EASTER SEALS Greater Houston staff. This policy is necessary to ensure the well-being and safety of PARENTS NIGHT OUT (HARC) program participants and staff. I understand the policy as stated previously. Furthermore, if I have any questions or concerns, I understand that it is my responsibility to discuss these with Easter Seals Greater Houston staff before I sign this policy. I understand that as the parent/legal guardian it is my responsibility to pick up my child/client immediately should this situation arise. I understand that this must be done as quickly as possible, after such notification. I understand that if I refuse to pick my child/client up within a reasonable amount of time (as determined by Easter Seals Greater Houston), my actions will be considered abandonment, and Easter Seals Greater Houston will report the situation to Child Protective Services, Adult Protective Services, and/or the local police department.

CLIENT NAME

PARENT/GUARDIAN SIGNATURE

DATE

PLEASE ONLY FILL OUT ONCE PER FAMILY

PARENT DATA RELEASE FORM

_____ Let me know about other EASTER SEALS GREATER HOUSTON programs which may be beneficial for my child.

_____ EASTER SEALS GREATER HOUSTON may use my child's photograph for publicity purposes.

_____ Include me on EASTER SEALS GREATER HOUSTON Communications:

Through (circle one): Email (provide): _____ Mailing list _____

(Email will help us reduce our costs, save a tree, and provide more services to our clients.)

If you checked any of the above, please fill the following information:

Child's name _____

Name – parent/guardian #1 _____

Home Address _____

City _____

State & Zip Code _____

Name – parent/guardian 2 (If different from Parent 1)

_____ Home Address _____

City _____

State & Zip Code _____

Signature _____

Date _____

*Note that under the Health Insurance Portability and Accountability of 1996 certain privacy rules protect personal health information. EASTER SEALS GREATER HOUSTON will not release or disclose any protected health information without your consent or unless required by law.