



## Epiphany Ministry

Programs of Preston Hollow Presbyterian Church

### A. REGISTRATION FORM

#### I. Contact Information

Date: \_\_\_\_\_ Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Person filling out this form (check one):

Self \_\_\_\_\_ Caregiver: \_\_\_\_\_ Guardian: \_\_\_\_\_

Do you have a legal Guardian?: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, is your Guardian a Full or Limited Guardian? Full \_\_\_\_\_ Limited \_\_\_\_\_

If a Limited Guardian, the guardianship is regarding what areas of your care?

\_\_\_\_\_  
\_\_\_\_\_

Name of Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_



**Who do you live with? (check one)**

Parent \_\_\_\_\_ Self \_\_\_\_\_ Group Home \_\_\_\_\_ Other \_\_\_\_\_

**Who should we contact during class for questions, emergencies, etc.:**

Name \_\_\_\_\_ Phone: \_\_\_\_\_

## **II. Personal Preferences**

**Check any/all activities that you enjoy doing:**

Board games \_\_\_\_\_ Sports \_\_\_\_\_ Crafts \_\_\_\_\_ Listening to music \_\_\_\_\_ Other \_\_\_\_\_

**Reading skills:**

Cannot read \_\_\_\_\_ Some words \_\_\_\_\_ Read independently \_\_\_\_\_

**Writing skills:**

Cannot write \_\_\_\_\_ Write simple words/name \_\_\_\_\_ Write independently \_\_\_\_\_

**What are things that bother you?** (Example: loud noises, change of routine, large crowds, other): \_\_\_\_\_

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**When you are upset, what calms you?** \_\_\_\_\_

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**How do you describe your date-to-day behavior?** (Example: prefers to be alone/solitary; likes group/very social; likes to stay busy, etc.):

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**Do you require one on one help with any of the following?**

Toileting\_\_\_\_\_Feeding\_\_\_\_\_Mobility\_\_\_\_\_Other\_\_\_\_\_

**Are there behaviors that you would like to improve so you are successful making friends and being a part of a group:**

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**Please include any other vital information about yourself that would help us help you:**

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## B. MEDICAL INFORMATION

for participants in the  
Preston Hollow Presbyterian Church Epiphany Ministry

Name of Participant: \_\_\_\_\_

### I. Physician:

\_\_\_\_\_  
Name Phone Emergency phone

\_\_\_\_\_  
Address

### II. Health Information:

\_\_\_\_\_  
Insurance company ID# Group#

\_\_\_\_\_  
Hospital Preference

### III. List Disability/Diagnosis \*: \_\_\_\_\_

Please circle if you have any of the followings:

Asthma/Bronchitis	Emotional Problems	Cerebral Palsy
Heart Condition	Contact Lenses	Hepatitis
Seizure Disorder	Other _____	
Height _____	Weight _____	

**Do you have any allergies to medications, food, animals, etc?**

*If yes, please describe:*

<u>Allergy</u>	<u>Reaction</u>	<u>Treatment</u>
1. _____		
2. _____		
3. _____		



Please list any medications that are taken on a regular basis\* (for use with emergency medical response purposes only). All Epiphany participants must be self-medicating while attending Epiphany programs/events. \*

<u>Medication</u>	<u>When Taken</u>	<u>How administered</u>
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

#### IV. Protected Health Information

##### Acknowledgement of privacy policy:

I have received a copy of the privacy policy of Preston Hollow Presbyterian Church (Epiphany Ministry HIPAA Volunteer Confidentiality Agreement, *summarized below*) regarding the use of personal or private information in conjunction with the **Epiphany Ministry**.

##### \* Summary of PHPC policies

for medical or personal information, medication and personal assistance:

I have been made aware of the **policies of Preston Hollow Presbyterian Church (PHPC)\***, in conjunction with the **Epiphany Ministry** programs that any information of a confidential nature including medical diagnoses, behavioral, identifying information, etc. will be used solely for the purpose of assisting teachers and volunteers in accommodating special needs of participants. Access to all such information will be limited to volunteers who have been through the appropriate screening and training process for participation in PHPC ministry.

All participants in the Epiphany Program **must be** self-medicating. Volunteers and PHPC staff affiliated with Epiphany Ministry **do not** dispense medication.



***Summary of PHPC policies, continued from page 5***

Any participant needing physical assistance for mobility or toileting will require a caregiver/personal assistant to accompany them to Epiphany classes and/or events. Epiphany Ministry volunteers and staff may assist with toileting accidents or temporary mobility issues.

\_\_\_\_\_  
Name of participant: *(please print)*

\_\_\_\_\_  
Signature of participant, if over 18 and their own guardian

Date\_\_\_\_\_

\_\_\_\_\_  
Name of Guardian, if applicable: *(please print)*

\_\_\_\_\_  
Signature of Parent/Guardian

Date\_\_\_\_\_



### C. AUTHORIZATIONS

for participants in the Preston Hollow Presbyterian Church Epiphany Ministry

#### GUARDIANSHIP INFORMATION:

**Please print:**

Name of Guardian: \_\_\_\_\_ Contact number: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Guardianship (full or limited): \_\_\_\_\_

If limited, what areas? \_\_\_\_\_

\_\_\_\_\_ Birth date: \_\_\_\_\_

Name of participant, if over 18 and their own guardian:

Address: \_\_\_\_\_ Contact number: \_\_\_\_\_

#### AUTHORIZATION FOR EMERGENCY TREATMENT:

I hereby authorize Preston Hollow Presbyterian Church (PHPC) and members of the Epiphany Ministry to transfer (*Name of Participant*) \_\_\_\_\_ to any hospital reasonably accessible in the event of an emergency.

I understand that this authorization is given to provide authority and power on the part of Preston Hollow Presbyterian staff or representatives to give specific consent to any diagnosis, treatment or hospital care, which, in the judgment of a licensed physician is deemed advisable.

\_\_\_\_\_  
Name of participant: (*please print*)

\_\_\_\_\_  
Signature of participant, if over 18 and their own guardian

Date \_\_\_\_\_

\_\_\_\_\_  
Name of Guardian, if applicable: (*please print*)

\_\_\_\_\_  
Signature of Parent/Guardian

Date \_\_\_\_\_



***Authorizations, continued from page 7***

**Seizure Protocol: 911 will be called under the following circumstances:**

- If a convulsive seizure lasts longer than 5 minutes
- When two or more seizures occur without full recovery of responsiveness between seizures
- When the person may have aspirated (seizure occurs during eating, swimming, etc.)
- When it is a person's first seizure
- If person has diabetes
- If person is injured and needs medical attention
- If person having a seizure stops breathing for longer than 30 seconds, begin rescue breathing until EMT arrives

**I have read and understand the above Protocol.**

\_\_\_\_\_  
Name of participant: *(please print)*

\_\_\_\_\_  
Signature of participant, if over 18 and their own guardian

Date \_\_\_\_\_

\_\_\_\_\_  
Name of Guardian, if applicable: *(please print)*

\_\_\_\_\_  
Signature of Parent/Guardian

Date \_\_\_\_\_





## AUTHORIZATION FOR TRANSPORTATION & PHOTOGRAPHY

I give my permission for Preston Hollow Presbyterian Church staff and volunteers, to transport

\_\_\_\_\_  
Name of participant: *(please print)*

to **Epiphany Ministry** authorized activities, *or* to an appropriate place of medical treatment, in the case of an emergency.   ☐ **YES**      ☐ **NO**

I understand that pictures and/or video may be taken at Epiphany Ministry events for the purposes of publicity, pictorial recordings, and identification. I give my permission for the participant to be photographed.   ☐ **YES**      ☐ **NO**

\_\_\_\_\_  
Name of participant: *(please print)*

\_\_\_\_\_  
Signature of participant, if over 18 and their own guardian

Date\_\_\_\_\_

\_\_\_\_\_  
Name of Guardian, if applicable: *(please print)*

\_\_\_\_\_  
Signature of Parent/Guardian

Date\_\_\_\_\_