

THE GO-GO'S

Consent and Release 2016

I have read the explanation of the goals of GO-GO's and agree to allow my son/daughter to participate in the ongoing program/supports.

As a participant in the GO-GO's group, I understand the importance of privacy and agree not to share information about others outside the group.

I hereby give to *disAbility* CONNECTIONS, Inc., PERC, its nominees, agents, and assigns, my free and unlimited consent and permission, waving all claims for any compensation by reason thereof or damages by reason thereof, (1) to take photographs, moving pictures and videotapes of me and record my voice, (2) to use, publish or republish the same, and/or any photographs I may provide them, in the furtherance of it work with or without identification of me by name, (3) to use my name and/or information referring to me in conjunction therewith if they so desire and (4) in furtherance of their work, to release such photographs, moving pictures, videotapes and recordings to and authorize any newspaper, company or other organization to use, publish or republish the same with or without identification of me by name and to use my name and/or information referring to me in conjunction therewith if they so desire. (5) to contact (past) teachers/case managers and others to more clearly understand the needs/behaviors of GOGO applicant. (6) to waive a personal independent living assessment / plan at this time.

Date: _____ Print Name: _____

Address: _____

Signature: _____

Parent Signature if under 18/ or Guardian _____

GOGO Email Address _____

Parent Email Address _____

Because GOGOs is a group run by volunteers, it is important to have lots of volunteers to assist with events and summer camp.

Can you be a volunteer parent/caregiver? (background / criminal history check may be required) _____

What times/ activities work best for you? _____

Does your GOGO have a PIC or Self-Determination worker who may want to attend with GOGO as needed? _____

disAbility CONNECTIONS - PERC

409 Linden Avenue • Jackson, MI 49203 • 782-6054

2014 The GO-GO's Medical Information & Release Form Please Print!

Today's Date: _____

Name: _____ B.D. _____ Sex: _____ Race _____

Address: _____ Zip _____ Phone: _____

Disability: _____ Seizures: Yes No Frequency _____

Special Instructions needed _____

(EX: Wanders, Diabetic, Needs assistance with.... Note: -

If individual supervising, toileting/personal care is needed- GOGO must provide own caregiver to attend events

Medications,
Dosages _____

Parent/Guardian name & address (if different from above) **Because volunteers are needed to keep the GO-GO's rolling, are you able to volunteer occasionally, with planning events, set up/clean up, snack preparation and /or event assistance?**

Name: _____ Phone: _____ Cell/Pager _____

Address: _____ Email: _____

Physician: _____ Phone: _____

Address: _____ Hospital Preference (if needed): _____

Known Allergies: _____ Last Tetanus Shot Date: _____

Health Insurance Information

Name of Insurance Co. _____ Name Insurance Listed Under: _____

Group No: _____ Contract No: _____

EMERGENCY Contact (Please list Two)

Name: _____ Phone: _____ Relationship _____

Address: _____

Name: _____ Phone: _____ Relationship _____

Address _____

I hereby give permission to any staff member of disAbility Connections to secure emergency medical treatment and/or emergency surgical treatment while I am in attendance of a GO-GO/disAbility Connections /PERC function.
Non-emergency medical treatment or elective surgery is not included in this authorization.

Signature: _____ Today's Date: _____

Parent/Guardian: _____ Today's Date: _____

Yes– I can wade/ swim in the water area (with lifeguard present) _____ No– I can not go in the water _____

GO-GO QUESTIONNAIRE:

What activities do you enjoy? (examples; bowling, movies, dancing, karaoke, crafts, games, shopping, volunteering, cooking etc) _____

Do you attend other groups/events such as Special Olympics, Civitan Dances, SNAP, etc.; What events are you currently involved with _____

Do you work or Volunteer, if so where and how often? _____

Do you have transportation? _____

What community and public services do you currently use/or qualify for? (examples: PICC, Respite Center, Job Coaching, MRS, Goodwill, Medicaid, disability, SSI/SSDI, Group Home)

PARENT / CAREGIVER SECTION:

Do you have concerns about the “future” for your child? Would you like to be updated on trainings and discussions with other families? _____ What sort of discussions would you be interested in (examples could include things like housing options, estate planning, employment, sexuality, relationships etc.) _____

Because volunteers are needed to keep the GO-GO's rolling, are you able to volunteer occasionally, (background checks may with planning events, set up/clean up, snack preparation and /or event supervision? Please note ways you could assist and ideas you may have for the group. Note the best times that you can assist

Thank you for requesting information about The GO-GO's.
Please see attached "paperwork and applications to be a GO-GO,
and /or a GO-GO Volunteer.

Please fill it out and return to:

Holly Peterson hollyp@disabilityconnect.org
disAbility Connections
409 Linden Avenue
Jackson MI 49203
Phone: 998-3097

When we receive your finalized paperwork, you will be added to the master list and you will receive updates on GO-GO events, volunteer opportunities, other community events that you might enjoy and planning events. We prefer to email to you as postage costs are so high! Hold onto your annual calendars!

The GOGOs are a "parent/caregiver driven" group. We do need and ask for volunteers so that if we occasionally come assist an event, other times we can enjoy a break. If your GOGO needs personal assistance please discuss it with Holly prior to events. I can pretty much promise that you will Love the GOGOs!

Thank you for your interest!

