

SPECIAL SENIORS
Application/Information Sheet

Name _____

Address _____

Birthday _____

Caregiver's Name _____

Caregiver's Telephone _____

Family Information

Spouse _____

Children _____

Hobbies or Interests _____

Medical

Physician _____

Medical Conditions _____

Allergies _____

Dietary Restrictions _____

List of Medications _____

Can the participant speak? Please circle. Yes No

Is the participant mobile? Please circle. Yes No

Please write additional information that you would like for us to know about the participant. _____

I agree that I am the Primary Caregiver/Guardian for this participant and wish for him/her to attend Special Senior Activities. I understand that Special Seniors is a Ministry designed to provide recreation for participants and respite for caregivers and that it is not a clinical or medical program.

_____ **Date** _____