



PATHS TO INDEPENDENCE

educating students with autism

Student Information

Student's Name		Sex	Date of Birth	
Name(s) of person(s) and the relationship with whom the child lives				
E-mail Address			Area code	Home Number
Home Street Address	City		State	Zip Code
Mother/Guardian place of employment			Business Number	Cell Number
Father/Guardian place of employment			Business Number	Cell Number

Emergency Contacts

In case of emergency, if the parent or guardian cannot be reached, list person(s) to notify, in order of preference:

Name/Relationship to student	Cell Number	Work Number

Immunization Record

Attach a copy of the immunization or follow the Oklahoma State Department of Health exemption procedures.

Health record

Student's Physician or Clinic		Phone Number		
Street Address	City	State	Zip	
Student's Dentist or Clinic		Phone Number		
Street Address	City	State	Zip	

Does your student have any individual special needs involving routine care, behavior and guidance, communication or positioning? If yes, please describe:

Is your student allergic to any foods, medications, etc.?

Describe any special precautions for diet, medication, or activity, if applicable:

Transportation

I give permission for my student to:

Receive First Aid in case of injury or accident _____ Yes _____ No

Be transported to the nearest Medical facility, if a Medical emergency occurs and I cannot be reached _____ Yes _____ No

Be transported on all community outings, in PTI vehicles or staff member's private vehicles _____ Yes _____ No

Be transported to TCTC, or job locations in PTI vehicles or staff member's private vehicles _____ Yes _____ No

Attend Swimming events at Sooner Splash Pad, the YMCA, Sooner Pool or at private pools _____ Yes _____ No

Have sunscreen applied to exposed skin during swim activities and summer outings _____ Yes _____ No

Have their photograph, image, or voice used for the purpose of decoration or publicizing Paths to Independence in publications, on their website or Facebook page, or for displays at PTI or other locations. I understand my student will not be identified by other than their first name. _____ Yes _____ No

Pick up permission

Persons having permission to pick up my student:

Name/Relationship	Daytime or Cell Number (Area Code First)	Work Number (Area Code First)

Parent/Guardian Signature _____ Date _____

All-star Therapy Group Inc.

37500 U.S. 75 Highway S., Ramona, Ok74061 918-397-8281 www.allstartherapygroup.org

Client Information, Liability Release and Participation Agreement

Activity Participant's name _____ Age (if under 18) _____

Address _____ City _____ zip _____

Parent/guardian/Provider name(s) _____

E-mail address _____ home phone _____ cell phone _____

Additional contact name _____ Cell phone _____

I acknowledge that virtually everyone is carrying a camera. I understand that photos and/or video will likely be taken of my child or ward while participating at All-star Therapy Group Inc. (ATG), but that the identity of said participants will not be intentionally or purposely revealed by ATG Inc. I agree to obtain permission from an ATG Inc. instructor before photographing at ATG Inc.'s operating sites. **By soliciting participation in activities at the ATG Inc. site, I am agreeing to hold harmless, ATG Inc. and its representatives for the unauthorized use of images by anyone.** Furthermore, as an adult responsible for the person participating in activities with All-star Therapy Group Inc., I acknowledge that there is potential for serious injury or death to participants in any horse-related activity, just as there is in vehicular transport. However, I feel that the benefits of participating in the program are worth the risks involved. I hereby, intending to be legally bound, for myself, my heirs, and my assigns, executors or administrators, waive and release forever all claims for damages against All-star Therapy Group Inc., Two Cylinder Farm, their owners (Robert V. and H. Alice Burnett), their business associates, property owners, the instructors, therapists, volunteers, employees, and representative of the above named, for any and all injuries and/or losses I or my charges may sustain while participating in the above named program's activities. Furthermore, I understand and agree that I am accepting responsibility for keeping myself and/or my charges in areas designated for non-riders by not passing through or climbing any fence or gate, that I and they will abide by all posted Rules of Conduct, that horses and other animals will not be approached without consent from an instructor, and that my vehicle will be locked when not occupied.

I understand and agree to all of the above terms of participation:

Printed name of the responsible party _____

Signature _____ Date _____

WARNING: Under Oklahoma law, an Equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities. Chapter 326 H.B. 1152 (1999).