

EXCEPTIONAL ADVENTURES

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GUEST INFORMATION SHEET

Today's Date: _____

Guest number: _____ Gender: _____

Last name: _____ Middle Name _____ First Name: _____ Nickname: _____

Address: _____ Phone (Day) _____

City: _____ State: _____ Zipcode: _____ (Evening) _____

Social Security #: _____ / _____ / _____ Date of Birth: _____

I get the bus at: _____ E-mail Address: _____

Name of Person Registering Guest: _____ Phone: _____

Agency or Base Service Unit: _____ Case Manager: _____

<u>Does the Guest Have:</u>	<u>YES -or- NO</u>	<u>Explanation of any "YES" responses</u>
Walking Problems: *If Yes, do you use a: Wheelchair _____ or Walker _____	_____ / _____	_____
Respiratory or heart Problems:	_____ / _____	_____
Seizures: *Please describe most recent and length	_____ / _____	_____
Diabetes:	_____ / _____	_____
Special Diet:	_____ / _____	_____
Visual/ Speech/Hearing Problems:	_____ / _____	_____
Use of Sign Language:	_____ / _____	_____
Allergies-seasonal or medical:	_____ / _____	_____
Any communicable Disease-hepatitis, etc:	_____ / _____	_____
Participate in swimming:	_____ / _____	_____
Are you a rider at Amusement Parks:	_____ / _____	_____
Need for 1-on-1 staffing:	_____ / _____	_____
T-shirt Size:	_____	_____

OVER

Please List Medications and Time of Dosage: (Please note that this form is used throughout the current calendar year, so therefore list all medication even if not used on every trip.) Feel free to use additional paper.

You are responsible to notify us of any medication changes.

Name of Medication	Dosage	Time(s)

Special Instructions: (Take pulse prior to giving medicine, no dairy, with milk, etc)

Please describe below any behaviors and suggested means of handling behavioral problems:

(This helps us to be more consistent with your own goals. Use this space to also inform us of any other concerns (sexual, wanderer, taking things, faking for attention, etc)

Emergency Phone Number _____ Name _____ (_____) _____
(At least 2 numbers please) Name _____ (_____) _____
Name _____ (_____) _____

Preferably different numbers
***no office numbers

I hereby give permission for _____ to participate on trips offered by "Exceptional Adventures." In the event of an emergency and I cannot be reached, I hereby give permission for the physician selected by the tour director or his designate to secure proper treatment for, order an injection, use anesthesia, hospitalize, or perform surgery for the person named above.

Signature of Guest: _____ **Date:** _____

There is a need to promote travel opportunities for Exceptional persons now more than ever. Exceptional Adventures would very much appreciate permission to photograph each participant on the trips and to use these photographs in its promotional material. No last names will be used without receiving written permission for the persons in the specific photograph prior to using the photograph.

I give permission to photograph the participant named above in activities on trips operated by "Exceptional Adventures."
I understand that no last names will be used without my written permission.

You must pick one of the following:

- _____ Permission to Photograph---no names
- _____ Permission to Photograph---use of first name
- _____ Permission to Photograph---use of first and last name

Signature of Guest: _____ **Date:** _____

*****Please complete and return this form before the trip to the address on the front.**

THANK YOU!