

Oregon State University
College of Public Health and Human Sciences

IMPACT

Individualized Movement and Physical Activity for Children Today

health.oregonstate.edu/impact

IMPACT Application 2022-23

TO: Parent/Legal Guardian/Resident Care Agency

FROM: Dr. Megan MacDonald, Director
Nicole Fiscella, Coordinator

Note: OSU (i.e. IMPACT staff, OSU students, employees or volunteers) cannot administer medication to any participant. Parents/Legal Guardians may choose to stay on site to administer medication if needed.

Please answer the questions below **to maintain updated information on participant**. This information is updated annually.

Participant's Name _____ Age _____ Date of Birth _____

Address _____ Male / Female (circle one)

_____ Parent/Legal Guardian Email _____

Parent/Legal Guardian Name _____ Phone #: () _____

Cell Phone () _____ Cell Phone () _____

PARTICIPANT LANGUAGE

Native English speaker _____ Bilingual _____

English as a second Language(ESL) _____ Non-verbal _____

Parent/Legal Guardian Language:

Native English speaker _____ Bilingual _____ ESL _____

If English is a second language please list primary language used: _____

GENERAL AREAS OF DISABILITY (check all those applicable)

___ Intellectual Disability

___ Orthopedic Disability

___ Down Syndrome


___ Spina Bifida

___ Learning Disability

___ Other _____

___ Cerebral Palsy

___ Sensory Impairment

Area of Disability continued 

____ Cardiac Impairment

____ Auditory

____ Seizure Disorder

____ Visual

____ Autistic

____ General Motor Impairment

____ Other _____

IMPACT Health and Physical Activity Questionnaire

Last Name First Middle

Type of Disability _____

Approximate date of last medical exam _____

Emergency Contact
(other than Parents/Legal Guardians):

Phone # () _____

MEDICATIONS (Present medication / Purpose)

1. _____

2. _____

FUNCTIONAL CAPACITY

____ Unrestricted: No restrictions are necessary for the participant based upon the vigorousness or type of activities occurring

____ Restricted: Participant's condition is such that the intensity and type of activity need to be limited

____ Mild: Ordinary physical activity need not be restricted, but unusually vigorous efforts need to be avoided

____ Moderate: Ordinary physical activity needs to be moderately restricted and strenuous efforts need to be avoided

____ Limited: Ordinary physical activity needs to be markedly restricted

Special Precautions: _____

PAST HISTORY

Has the child?

Been screened for atlantoaxial instability? YES NO
If yes, what was the result? _____

Used an inhaler for asthma or other respiratory difficulties? YES NO

Ever had a seizure? YES NO
If yes, approximate date of last seizure. _____

Is the seizure controlled with medications? YES NO

If yes please describe (1) type, (2) frequency and (3) triggers of seizures.

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IMPACT Health and Physical Activity Questionnaire (continued)

FUNCTION & ACTIVITY QUESTIONS

Can/does the participant?

Walk independently without assistance from another person? YES NO

Walk with the aid of a supportive device (crutches, walker, etc.)? YES NO

Wheel his/herself around in the wheelchair? YES NO

Use the bathroom by self? YES NO

Get dressed by self? YES NO

Enjoy swimming/getting into the water? YES NO

Swim independently? YES NO

Enjoy playing with other children? YES NO

Wear face covering/mask YES NO

Comments _____

BEHAVIOR PLAN

Are there specific behavior management tips that work well with the participant? YES NO

If yes, please explain _____

Are there behavior management strategies that are part of the participant's Individualized Education Plan (IEP/IFSP)? YES NO

If yes, and Parent/Legal Guardian is willing to share that information to help the IMPACT staff, please write here.

What words or actions are used with the participant while doing good things at home or in school?
Please describe _____

List any particular actions or activities that frighten the participant or cause him/her to shut down.

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY FOR YOUTH PROGRAMS

PROGRAM: IMPACT	ACTIVITY: Motor skills fitness program. Activities include: physical activities in various locations including swimming pool, gymnasium, etc.
PARTICIPANT NAME:	PARENT/GUARDIAN NAME:

Please read this Acknowledgement of Risk and Waiver of Liability for Youth Programs carefully and in its entirety; it is a binding legal document.

Return signed forms to [Insert Department Name/Address]: _____

By signature, with full knowledge of the facts and circumstances surrounding the ACTIVITY, I acknowledge my child's participation in the ACTIVITY may expose him/her to actions, events, and environments that may be hazardous to his/her person and/or property. I acknowledge that I am solely responsible for any action that my child may participate in associated with this ACTIVITY or around this ACTIVITY, regardless if occurring before, during or after the period of the ACTIVITY.

I have adequate applicable insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my child's participation in the ACTIVITY, or otherwise understand that I am solely responsible for any medical costs that may directly or indirectly result from my child's participation in the ACTIVITY. I understand that there may be participant insurance available for some camps/clinics and if so, that information will be shared with me for processing and handling of any claims.

I will indemnify and hold the State of Oregon, acting by and through the State Board of Higher Education, on behalf of Oregon University System and Oregon State University, its employees, directors, officers, and agents (hereafter referred to as UNIVERSITY) harmless with respect to any and all claims, injuries, and costs associated with my child's participation in this ACTIVITY. It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall bind my spouse, the members of my family and my estate, heirs, administrators, personal representatives and assigns. I further agree to save and hold harmless, indemnify and defend the UNIVERSITY from any claim by the aforementioned parties arising out of my child's participation in the ACTIVITY. I recognize and acknowledge that the UNIVERSITY makes no guarantees, warranties, representations, or other promises relative to the ACTIVITY, and assumes no liability or responsibility for injury or property damage that my child may sustain as a result of participation in the ACTIVITY. I further understand and agree that this is a release of liability and indemnity agreement, and it is intended to be as broad and inclusive as permitted by law. If any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

SIGNATURES

In signing this Acknowledgement of Risk and Waiver of Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital. Further, I certify that I am the parent or legal guardian of the above-named participant in the ACTIVITY. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a child. I acknowledge that my child and I have agreed to the terms and conditions of my child's participation in the ACTIVITY, and I hereby give my consent to participation by my child in the ACTIVITY. I further agree to hold harmless, indemnify and defend the UNIVERSITY from and against all claims, demands or suits that my child has or may have.

DATE _____ SIGNATURE _____

MEDIA RELEASE

I recognize and acknowledge that UNIVERSITY may record my child's participation and appearance in ACTIVITY on any recorded medium (including, but not limited to video, audio, photos) for use in any form. I authorize such recording and release UNIVERSITY to use my child's name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or part without restrictions or limitations for any educational or promotional purpose. No signature below represents my choice to opt out of this media release. To withhold name only, initial here: _____

DATE _____ SIGNATURE _____

Please return to:
IMPACT
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Oregon State University
123 Women's Building
Corvallis, OR 97331
(541) 737-2176
health.oregonstate.edu/IMPACT