



# LEEP VACATION - TRAVELER INFORMATION

**IMPORTANT:** Our trip leaders are prepared to lead a safe and enjoyable vacation. Travelers and their guardians should understand that participation on this vacation is at the traveler's own risk and release LEEP (Leisure Education for Exceptional People, Inc.) and all staff from liability for any harm to a person or property that may occur. Completion of the application below implies understanding and agreement to these conditions.

I have read the information above and understand the risk and liability assumed. I agree to follow the safety rules established on the trip.

\_\_\_\_\_  
Signature (Legal Guardian)

\_\_\_\_\_  
Date

Full First, Middle, Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

## **GENERAL INFORMATION**

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: (M/F) \_\_\_\_\_

## **SOCIAL/BEHAVIORAL INFORMATION** (Please check all boxes that apply and explain)

- |  |   |
|--|---|
| <input type="checkbox"/> Wanders from group                          | <input type="checkbox"/> History of stealing                      |
| <input type="checkbox"/> Excessive talking                           | <input type="checkbox"/> Fabricates stories                       |
| <input type="checkbox"/> Inappropriate touching                      | <input type="checkbox"/> Excessive teasing                        |
| <input type="checkbox"/> Interacts inappropriately with opposite sex | <input type="checkbox"/> Interacts inappropriately with same sex  |
| <input type="checkbox"/> Interacts inappropriately with children     | <input type="checkbox"/> Interacts inappropriately with strangers |
| <input type="checkbox"/> Inability to express wants/needs            | <input type="checkbox"/> Other _____                              |

Please explain: \_\_\_\_\_

Please describe any behavioral problems/concerns and how to best handle them:

\_\_\_\_\_  
\_\_\_\_\_

Please review any helpful hints or tips when working with or traveling with this consumer:

\_\_\_\_\_  
\_\_\_\_\_

Does the consumer require 24 hour supervision?  Yes  No

(If Yes, please explain. For example, how long the consumer can be left alone in a hotel room, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Is the consumer able to leave the group and go unsupervised at any time during vacation?

(Subject to staff discretion – example would be at a mall, amusement park, etc.)

No  Yes

**MEDICAL and PHYSICAL INFORMATION**

Physician: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

MA or Health Insurance #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Medication administration: (check one)  Completely independent  
 Tour leaders must administer and take physical possession of med.

Medications: (or attach a separate sheet)  
\_\_\_\_\_  
\_\_\_\_\_

Does participant wear: Eyeglasses? \_\_\_\_\_ Hearing Aid? \_\_\_\_\_ Dentures? \_\_\_\_\_

Will participant report pain? \_\_\_\_\_ Does the consumer have a history of motion sickness? \_\_\_\_\_

Any additional comments or concerns you would like LEEP Staff to be aware of:  
\_\_\_\_\_  
\_\_\_\_\_

*Please Note... LEEP, Inc. has permission to proceed with emergency medical care and sign necessary medical release forms while away on vacation. This permission is given with the understanding that the attending physician deems emergency medical attention is necessary. LEEP, Inc. will make an effort to get in touch with the parent or guardian prior to assuming the responsibility for signing a release for emergency treatment whenever possible. Only in the event that the families cannot be contacted, or cannot come to the hospital in person to sign, is this authorization to be used. The consumer will be responsible for all medical costs incurred while on vacation with LEEP, Inc.*

**SELF CARE SKILLS** (Please check the appropriate box. If "needs assistance" is checked, please explain.)

	Independent	Needs Assistance	
Dressing:	<input type="checkbox"/>	<input type="checkbox"/>	(explain) _____
Bathing:	<input type="checkbox"/>	<input type="checkbox"/>	(explain) _____
Toileting:	<input type="checkbox"/>	<input type="checkbox"/>	(explain) _____
Hygiene:	<input type="checkbox"/>	<input type="checkbox"/>	(explain) _____
Eating:	<input type="checkbox"/>	<input type="checkbox"/>	(explain) _____
Street Safety:	<input type="checkbox"/>	<input type="checkbox"/>	(explain) _____
Reading:	<input type="checkbox"/>	<input type="checkbox"/>	(explain) _____
Writing:	<input type="checkbox"/>	<input type="checkbox"/>	(explain) _____
Telling Time:	<input type="checkbox"/>	<input type="checkbox"/>	(explain) _____
Money Management:	<input type="checkbox"/>	<input type="checkbox"/>	(explain) _____

**OTHER:**

What are the applicant's swimming abilities? \_\_\_\_\_

Specific fears/concerns/vulnerabilities: (i.e.: water, animals, escalators, elevators, the dark, getting lost, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_

Has the consumer flown on an airplane before?  Yes  No

Does consumer need assistance or direction when using spending money, for example with souvenirs (for who, how much to spend, etc) or for snacks/sodas (frequency/amount), please explain: \_\_\_\_\_  
\_\_\_\_\_