Goodwill Industries of Southwest Florida, Inc. Good for Families, Good for Communities!

Mission: *Serving people with disabilities and disadvantages by offering life-changing opportunities to achieve independence.*

Community Support Services - 5100 Tice Street - Fort Myers, Florida 33905 - 239.995.2106

PATHWAYS TO OPPORTUNITY Health Information Form

Legal Name: _____

Street Address: _____ **City, State, Zip** _____

Home Phone: _____ **Alternate Phone:** _____

Date of Birth: _____ **Gender:** _____

Name of Guardian: _____ **Telephone:** _____

Guardian Email: _____ **Alternate Telephone:** _____

Emergency Contacts:

Relationship	*Name*	*Phone Number*	*Alternate Phone Number*

Diagnosed Disability: _____

Do you (the applicant) have any of the following:..

	YES	NO	Sometimes
1. …Seizures	☐	☐	☐
Provide specific instructions, triggers, etc. for seizures: _____			
2. …Heart Problems	☐	☐	☐
3. …High Blood Sugar	☐	☐	☐
4. …Low Blood Sugar	☐	☐	☐
5. …Diabetes	☐	☐	☐
6. …Allergies	☐	☐	☐
Allergy and reaction: _____			
7. …Reaction to Insect Bites	☐	☐	☐
8. …Food Restrictions	☐	☐	☐
Restrictions: _____			
9. …Medication Allergies	☐	☐	☐
Allergy and reaction: _____			

Please explain all "YES" answers from above:

_____

_____

Goodwill Industries of Southwest Florida, Inc. Good for Families, Good for Communities!

PATHWAYS TO OPPORTUNITY Health Information Form

Medication Information: *Medication must be taken independently at program.*

Please complete form completely (can use back or additional paper if needed).

Medications	Dosage & Times	Reasons for Medications	Drug Allergies & Signs
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Please notify Pathways to Opportunity Supervisor of any medication changes throughout services.

Primary Physician: _____

Address: _____ **Phone Number** _____

Hospital Preference: _____

Questions about you (the applicant)…

Have alone time? ☐ Yes ☐ No If yes, how much per day? Minutes: Hours: Days:

If sunscreen is needed for outdoor activities, who should apply? ☐ Self ☐ Staff ☐ Other:_____

Can leave the group and independently use the restroom and return? ☐ Yes ☐ No

Do you smoke? ☐Yes ☐No

Pathway to Opportunities Program provides a variety of physical activities in a range of environments depending upon individuals' choices. Please comment on any physical limitation you (the applicant) might have in doing physical activities and any concerns for environment/weather.

_____

_____

_____

_____

_____

Goodwill Industries of Southwest Florida, Inc. Good for Families, Good for Communities!

PATHWAYS TO OPPORTUNITY Health Information Form

Emergency Medical Authorization

☐ In the event that reasonable attempts to contact the parent or guardians has been unsuccessful;
I _____ hereby give my consent for the admission to hospital or any treatment for _____ as deemed necessary.
Participants Name

Application Completed by: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

Parent/guardian Signature: _____ **Date:** _____

Physician's Signature: _____ **Date:** _____

Note - **Please send completed form to:**
Megan Feeney, Director of Disability Support Services
5100 Tice Street, Fort Myers, FL 33905
meganfeeney@goodwillswfl.org
FAX: 239-652-1655
Phone: 239.995.2106 ext. 2228

This health form will be updated annually for quality assurance purposes.