

2022-2023 WisconSibs Registration-Health-Consent Form

If more than one child from your family is enrolling, complete individual pages for each child.

This form applies to your child from July 2022 to June 2023 for SibDays of Summer 2022 and Sibshops '22-'23.

If any information changes, please notify info@wisconsibs.org or 920-968-1742.

Email completed form to info@wisconsibs.org OR print and **Mail** to Wisconsibs, 211 E Franklin St #C., Appleton, WI 54911

Today's Date	
--------------	--

Child's First Name		Last Name	
Birthdate		Male <input type="checkbox"/>	Female <input type="checkbox"/>
School and City		T-Shirt Size (scroll)	
Does this child receive any special services (counseling, speech/language therapy, special education)? No Yes If yes, please describe			
Has this child attended Sibshops in the past? Yes No If so, where?			

Parent/Guardian Names							
Home Address							
City		State		Zip			
Home Phone		Cell Phone					
Work Phone		Frequently checked Email					
Parent employers:				Does employer match donations?		Yes	No

TELL US ABOUT THEIR SIBLING WITH DISABILITIES

Sibling with Disabilities				Birthdate	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Diagnosis or nature of disability:			
How would you describe the relationship between this child and the sibling attending Sibshops currently? (close, distant, loving, tolerant, frustrating, involved, uninvolved, etc.?)					
Does your child with special needs attend the same school as sibling attending Sibshop? Yes No					

Other Siblings in the family:

Name	Birthdate	Gender	
		F	M
		F	M
		F	M

What are your reasons for enrolling your child in the Sibshop program?
Do you have any concerns about enrolling your child in the Sibshop?
Please provide any other information that you feel will make this an enjoyable and valuable experience for your child. Include any fears, concerns, food strongly disliked, favorite activities, favorite foods:

PERMISSION FORM – all children must have this completed.

Child's Full Name	
-------------------	--

I understand that in case of serious injury or illness, the person that I identified as the emergency contact will be notified, but if it is impossible to contact us, we give permission for emergency treatment or surgery as recommended by the attending physician.

Person to contact in an emergency	
Emergency Phone	Relationship to Child

MEDICAL INFORMATION FOR CHILD ATTENDING SIBSHOP OR SIB DAYS

In the case that medical information is required, the following information must be available.

Child's Physician		Phone	
Insurance Provider		Policy/Group Number	
*List any FOOD allergies or diet restrictions:			

I understand that in case of injury or illness, I do hereby waive all claims or legal actions, financial or otherwise, against WisconSibs, Inc., the organizers, sponsors, supervisors or any volunteer connected with the program.

Yes, I understand and give permission

No, I do not give permission and will not be enrolling in this program

--

Parent/Guardian Signature

PHOTO PERMISSION

I grant full permission to use any photographs, videos, or recordings or any other record of this program for the purpose of community education and awareness. (A child's full name will not appear on the WisconSibs website or Facebook page, even if you sign the form.)

Yes, I give Permission _____ No, I do not give permission _____

--

Parent/Guardian Signature