

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_



## *Butterfly Intake Form*

### I. General Information

Parent's/Guardian's Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Mother/Father's Cell \_\_\_\_\_

Guardian's Cell \_\_\_\_\_ Attendant(s) \_\_\_\_\_

Email Address(es) \_\_\_\_\_

### II. Profile

Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

### III. Medical Information

Briefly describe your individual's diagnosis/disability

\_\_\_\_\_  
Please list medications that are administered regularly

#### Medical History

List any chronic health problems (e.g., asthma, pressure sores, cough) and treatments of which the staff and volunteers should be aware of

Allergies:

\_\_\_\_\_  
Drugs  
\_\_\_\_\_

Foods

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Other

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Is the individual a carrier of any infectious or contagious condition?  Yes  No  
If yes, please explain

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Does your individual have seizures?  Yes  No  
If yes, please complete the following:  
Current status (i.e., active, controlled) \_\_\_\_\_  
Type of seizure \_\_\_\_\_  
How often \_\_\_\_\_

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Has the individual been hospitalized or treated in an ER recently?  Yes  No  
If yes, please explain

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Are there any physical conditions, past operations or injuries which should restrict activity?  Yes  No

#### IV. Care Needs

Please check the best description

Vision:  Normal  Impaired  Blind  
Assistive devices used?

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Hearing:  Normal  Impaired  Total Loss  
Assistive devices used?

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Speech:  Normal  Impaired  Nonverbal  
Communication:  Speech  Gestures  Sign Language  
Assistive devices used?

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Does the individual understand what is being said to him/her?

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Can the individual express his/her needs?

Mobility:

Walks       Scooter       Wheelchair       Crutches       Walker       Cane

Please describe transfers, if applicable

Adaptive Devices:

AFO's       Prosthesis       Helmet       Other

If other, please describe

Toileting:

No assist       Partial assist       Total assist

Wears diapers or pull-ups?       Yes       No

How does the individual indicate a need to use the toilet?

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Indicate special toileting needs/schedules/signs/gestures

Eating Habits:

Feeds self       Eats by G-tube       Bottle fed       Uses spoon       Drinks from cup  
 Uses special utensils       Feeds self with prompts       Requires feeding

Eating schedule

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Special diet

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Enjoys eating these foods/snacks

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## V. Behavior

Socially:

Outgoing       Shy

Adapts to new situations/environments:

Well       With Difficulty

Responds to correction:

Well       With Difficulty

Methods of correction used at home (e.g., time out, removing of privileges, etc.)

Behavioral Challenges (check all that apply):

- Destructive    Threatens    Runs Away    Hits Others    Hits Self    Bites Others
- Bites Self    Other

Triggers for behaviors

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Frequency of behaviors

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Successful ways to assist in adapting to changes

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Successful ways to deal with behaviors

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**VI. Additional Information**

Please share the activities/interests the individual really loves (indoors/outdoors):

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What is your child's understanding of God or a relationship with Christ?

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Does your child have any specific fears?

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How is your child best comforted?

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If your child is having a difficult time, at what point do you want to be notified

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**VII. Permissions/Authorization Agreement**

*Please read the following statements carefully and initial in the designated space indicating you have read, understand, and agree to the provisions.*

\_\_\_\_\_ In case of emergency or accident, I understand that the Denton EMS (911) will be called. I authorize EMS to administer any medical treatment, medication, or appliance deemed necessary by EMS. I also authorize transportation by EMS to the nearest appropriate medical facility, as determined by EMS. I understand that I will be responsible for payment of all EMS, hospital, and physician charges for emergency services to the individual the form is completed about.

\_\_\_\_\_ I have fully disclosed to Trietsch United Methodist Church all pertinent facts about the individual's needs and accept full responsibility for failure to do so.

\_\_\_\_\_ I give permission for the these facts to be shared with staff and volunteers who will have contact with my child.

\_\_\_\_\_ I give permission for the individual to be photographed/videoed. The pictures/video may be used for press releases, journal articles, or other positive publicity.

\_\_\_\_\_ I give permission for the individual to be photographed/videoed and photographs/videos used in class and for classroom use only.

\_\_\_\_\_ I will remain on Trietsch United Methodist campus during the time the individual is participating in any ministry event/program.

\_\_\_\_\_ I will respond to cell phone and pager notifications from the individual's class.

I RELEASE, WAIVE ALL CLAIMS AGAINST, DISCHARGE AND COVENANT NOT TO SUE THE CHURCH, OR ANY OF THE CHURCH'S ELDERS AND EMPLOYEES, INCLUDING BUT NOT LIMITED TO PASTORS, STAFF AND OTHER EMPLOYEES, MEMBERS, REPRESENTATIVES, OR VOLUNTEERS (COLLECTIVELY REFERRED TO HEREIN AS "CHURCH REPRESENTATIVES") WITH RESPECT TO MY CHILD'S PARTICIPATION, INCLUDING WITHOUT LIMITATION ATTENDANCE AT, OBSERVATION OF, OR BEING OTHERWISE INVOLVED IN THE ACTIVITY ("PARTICIPATION"), WHETHER MY CLAIM OR THE CLAIM OF ANYONE ON MY BEHALF IS BASED ON OR ARISES OUT OF PERSONAL INJURY, DEATH OR INJURY TO PROPERTY AND WHETHER SUCH CLAIM IS CAUSED BY THE NEGLIGENCE OF THE CHURCH OR ANY OF THE CHURCH REPRESENTATIVES.

I ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE DUE TO THE NEGLIGENCE OF THE CHURCH OR ANY OF THE CHURCH REPRESENTATIVES WITH RESPECT TO MY PARTICIPATION IN THE ACTIVITY.

PARENT OR GUARDIAN OF  
INDIVIDUAL, ON BEHALF OF  
INDIVIDUAL:

Parent/Guardian Signature:

\_\_\_\_\_

Printed Name: \_\_\_\_\_

on behalf of: \_\_\_\_\_ [individual's name]

\_\_\_\_\_ [individual's name]