

## PROGRAM SUPPORT

The information helps City of Burnaby staff determine what support is necessary and available for this participant.

- Please Complete this form and give it to the staff responsible for each program, two weeks in advance of the start date, so we can ensure a safe and enjoyable experience.
- If you haven't already done so, you will also need to complete a [Participant Profile Form](#), available on our website, [www.burnaby.ca/forms](http://www.burnaby.ca/forms).
- Additional documents may be required, depending on the needs identified.

**Please Note: The standard response in the event of a medical emergency is to call 9-1-1, then call the parent or guardian.** The information on this form is for staff use, and may also be provided to 9-1-1 personnel in the event of an emergency.

## ACCESSIBLE RECREATION

We are committed to providing opportunities for people with disabilities to get involved in the recreation activities of their choice. We aim to:

- Advocate** on behalf of people with disabilities
- Assist** individuals with accessing their programs
- Educate** the public and staff about accessibility.

Refer to the following documents for information on support options:

[Information for participants - with disabilities](#)

## FOR STAFF USE ONLY

Participant Name: \_\_\_\_\_

First

Last

# PROGRAM SUPPORT PACKAGE

Participant Name:

First

Last

Program Name:

Location:

Home Phone:

Cell:

## PROGRAM SUPPORT ASSESSMENT PARTICIPANTS WITH DISABILITIES

### A. Please describe disability:

### B. What support/accommodations are required in order to take part in activities?

### C. Communication Ability:

Verbal

Non-verbal

Signing

Other (Please describe):

### D. Personal Care Required and/or Medication used:

### E. Who will provide care and/or administer medication?

(City Staff/Volunteers cannot administer medication, nor provide personal care)

### Additional information that can help us ensure an enjoyable and satisfying experience for your child:

*I declare that the information provided on this form is complete and accurate, and I am responsible for keeping this information up to date.*

Signature of participant (19 years & over), or Parent/Guardian/Caregiver

Date