

**SBC CARE**  
*Special Needs Ministry*

**Parent Intake Form**

**I. Basic Information**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  M  F  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mother/Guardian's Name: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Father/Guardian's Name: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Lives With:  Mother  Father  Grandparent  Guardian \_\_\_\_\_  
Emergency Contact (*If parent/guardian's cannot be reached*)  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_  
Siblings: Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

**II. Medical Care Needs**

**Medical/Educational Diagnosis or Condition:**

**Allergies:**

Food: _____	Type: _____	Sensitivity _____	Anaphylactic _____
Bee Stings: _____	Type: _____	Sensitivity _____	Anaphylactic _____
Special Diet: _____			

Life Threatening  Yes  No Epipen  Yes  No  Location of Epipen: \_\_\_\_\_

**Asthma:**  Yes  No What triggers Attack: \_\_\_\_\_

Rescue Inhaler Used:  Yes  No  Location of Inhaler: \_\_\_\_\_ Date of Last Attack: \_\_\_\_\_

**Seizures:**  Yes  No On Medication:  Yes  No Date of Last Seizure: \_\_\_\_\_

What do the seizures usually look like: \_\_\_\_\_

What triggers the Seizures: \_\_\_\_\_

How can we prevent/respond: \_\_\_\_\_

**Any Other Health Issues/Instructions:**

Medication:  Yes  No Type/Purpose: \_\_\_\_\_

**III. Functional Care Needs**

Vision:  Typical  Impaired  Blind

Hearing:  Typical  Impaired  Hearing Aid

Main mode(s) of communication:  Verbal  Visual Signs  Sign Language  Digital Devices

My child processes instruction/information best: (ie, visual, auditory, experiential, or short commands)

#### IV. Toileting Skills

Toilets Independently    Currently Being Potty Trained    Diapers    Other

How does your child indicate the need to toilet? \_\_\_\_\_  
\_\_\_\_\_

#### V. Behavior

1. My child enjoys:    Music    Arts/Crafts    Outside Play    Writing    Reading

2. My child is independent with: \_\_\_\_\_  
\_\_\_\_\_

3. My child needs assistance with: \_\_\_\_\_  
\_\_\_\_\_

4. My child is uncomfortable with or has an aversion to: \_\_\_\_\_  
\_\_\_\_\_

5. Trigger-points for resistance, frustration or behavioral problems: \_\_\_\_\_  
\_\_\_\_\_

6. When/if my child experiences a period of frustration, he/she calms when we: \_\_\_\_\_  
\_\_\_\_\_

7. Behaviors that may communicate a specific need (please indicate the need where appropriate) \_\_\_\_\_  
\_\_\_\_\_

8. My child seems most relaxed in settings (circle one) **alone/with a few children/among many children**

9. My child (circle one) **would/ would not** enjoy a large group worship experience

10. My child is really picky about: \_\_\_\_\_  
\_\_\_\_\_

11. My child may be trying to communicate their need for (describe) \_\_\_\_\_  
\_\_\_\_\_ when he/she exhibits the following behavior \_\_\_\_\_  
\_\_\_\_\_

12. Goals for your child at church: \_\_\_\_\_  
\_\_\_\_\_

13. Ideas for church to better serve your family: \_\_\_\_\_  
\_\_\_\_\_

14. Is your child prone to wandering off or running? If Yes, are there any triggers? \_\_\_\_\_  
\_\_\_\_\_

#### VI. Permission/Authorization Agreement

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INITIAL IN THE DESIGNATED SPACE INDICATING THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO THE PROVISIONS.

\_\_\_\_\_ I have fully disclosed to Silverdale Baptist Church all pertinent facts about my child/dependent's special needs and accept full responsibility for missing information.

\_\_\_\_\_ I consent to my child/dependent receiving medical care or assistance if the need arises.

\_\_\_\_\_ I will supply special food, drinks, snacks, and diapers/wipes for my child/dependent as necessary.

\_\_\_\_\_ I will remain on SBC campus during the time my child/dependent is participating in any ministry event/program.

\_\_\_\_\_ I hereby release Silverdale Baptist Church and its representatives from any liability due to accident or injury incurred by my child/dependent.

\_\_\_\_\_ I authorize Silverdale Baptist Church to publish photos of my child/dependent (without his/her name on our SBC website and brochures for promotional purposes only.

I have read and initialed the above permission/authorization statements and agree to the terms designated in each.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

*Parent or Guardian*