

People First of Toledo Membership Form

Preferred Name: _____

Birthday: _____

Your Address _____
(Number and Street) (City) (State) (Zip)

Phone Number _____ Email _____

Provider Info
(if necessary)

Agency: _____ Contact Person: _____

Phone Number: _____ Email: _____

SASS: _____ SASS Phone: _____

SASS Email: _____

Emergency Contact Person: _____ Phone Number: _____

Emergency Contact Person: _____ Phone Number: _____

Illnesses to be aware of in event of an emergency:

Heart: Yes No Diabetes: Yes No Food Allergies: _____

Epilepsy: Yes No Seizures: Yes No Other: _____

Please list all medications you are taking:

| | | | |
|------------------|--------------|-----------------|-----------------|
| Medication _____ | Dosage _____ | Frequency _____ | Taken for _____ |
| Medication _____ | Dosage _____ | Frequency _____ | Taken for _____ |
| Medication _____ | Dosage _____ | Frequency _____ | Taken for _____ |
| Medication _____ | Dosage _____ | Frequency _____ | Taken for _____ |
| Medication _____ | Dosage _____ | Frequency _____ | Taken for _____ |
| Medication _____ | Dosage _____ | Frequency _____ | Taken for _____ |
| Medication _____ | Dosage _____ | Frequency _____ | Taken for _____ |

Doctor's Name _____ Phone Number _____

Dentist's Name _____ Phone Number _____

Any additional information necessary to assist you in an emergency situation:

Do you need to have staff with you during these meetings? Yes No

Photo Release Form

Refuse photo release



I grant permission to Courageous Community Services to use my name and likeness in all forms, including printed, electronic, digital, web, video, audio, and/or other media, for publication, display or other uses as deemed appropriate by Courageous Community Services.

For Individuals 18 Years of Age and Older

I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Name (print) _____

Signature _____

Date _____

For Individuals that have a guardian or are under the Age of 18

As this individual has a guardian or is not 18 years of age or older, I am giving my permission as parent, legal guardian, or custodian for the above information for the purposes stated. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Name of parent, legal guardian (print) _____

Signature of parent, legal guardian _____

Date _____

Emergency Transportation Authorization

I hereby give a Courageous Community Services staff permission to transport (insert participants name) _____
_____ to _____ for emergency care, or to _____
_____ for emergency dental care, or to the nearest available source of assistance.

_____ Signature of Parent/Guardian, Direct Care Staff Person, or Adult Participant

_____ Date