



2019 CS Lounge PROGRAM INFORMATION & CONSENT FORM

Hi CS Loungers! We hope to make the CS Lounge a lot of fun for you. Please help us get to know you so we may easily incorporate your needs into our program. Please complete or have your parent or guardian complete the information below (type or print legibly) and add any additional information you think would be useful. Only adults 18 years of age or older by July 31, 2019 diagnosed with Costello syndrome are permitted to register for the CS Lounge. Scan & email the completed pages to childcare@CostelloSyndromeUSA.org -or- mail to Mary Ernst, 11 Bancroft Rd., Cohasset, MA 02025.

• **Person(s) participating in CS Lounge**

General Information:

Name _____ Age _____ CS Dx? Yes or No

Address: _____

Home Phone: _____

CS Lounger Cell Phone: _____

Email: _____

Parents/Responsible Party Name(s): _____

Contact number(s) (cell phone) while at conference for Parents/Responsible Party: _____

• **Safety** To insure safety, participants may not leave the CS Lounge program without an appropriate escort unless you indicate otherwise. *Please list **only** those allowed to check out the above person) from the CS Lounge program (please list first and last names; photo ID may be required when checking out):*

Name _____ Relationship to person participating _____

Name _____ Relationship to person participating _____

Name _____ Relationship to person participating _____

Name _____ Relationship to person participating _____

_____ initials My child may check themselves into and out of the CS Lounge.

• **Allergies** Is the above CS Lounge participant **allergic** to anything (foods, etc.) or taking **medication**? Yes No
If yes, explain: (Note: CS Lounge Volunteers will not administer or assist in the administration of any medications.) _____

• *Does the above CS Lounge participant(s) have **health limitations** or **special needs**? Yes or No* If yes, explain: _____



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- Any **birthmarks** or **injuries** we should be aware of? Yes or No

If yes, explain: _____

What level of supervision is required by this CS Lounger? Please check the description that most closely matches the CS Lounger:

IMPORTANT: If CS Lounger will require additional care beyond the program's volunteers' capabilities, it is suggested that the family obtain a sibling/peer/or other adult who is familiar with them to stay with and assist him/her.

- ____ Functions independently in all or most settings with only light supervision generally required.
- ____ Functions independently for shorter periods of time and can be supervised with one staff and several other CS Lounge participants the rest of the time.
- ____ Functions best in a group with closer supervision and only a few other CS Lounge participants.
- ____ Needs one-on-one assistance at all times.

Comments: _____

Any other concerns, comments, needs, requests _____

The REAL important stuff...

List activities/crafts/games the CS Lounger enjoys _____

It would be GREAT if CS Loungers could bring activities (iPod, handheld games, books, etc.) to enjoy in the CS Lounge. Please label all items with their full name.

List a few of the snacks that the CS Lounger likes to eat: _____

CSFN reserves the right to limit participation of any person whose presence/behavior may disrupt the program or endanger the health or safety of others.

We, the undersigned adult(s), agree to place our adult child or ward in the CS Lounge program. For ourselves, our child/ward (or children/wards), and each of our respective heirs, assigns, and next of kin, we hereby release and agree to indemnify and hold harmless Costello Syndrome Family Network (CSFN), and their respective officers, directors, agents, employees, assigns, vendors, and the owners and/or lessors of the facility



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or facilities where the program will be held (collectively “the Releasees”), from any and all claims which may now or hereafter arise from our child’s/ward’s (or children’s/ward’s) participation in the CS Lounge program. We do not release claims arising from Releasees from any of their willful misconduct or gross negligence. We have read the above and understand this release. Furthermore, in the event of an emergency or health concern, CSFN has our permission to administer first aid, contact our doctor, or obtain emergency medical treatment for our child. We agree to pay all expenses incurred due to an emergency involving the above-mentioned CS Lounge participant(s).

Parent/Guardian Signature: _____ Date: _____

CS Lounge Participant Signature: _____ Date: _____