

WEYMOUTH RECREATION

Exceptional Teen Leader Information Form

1393 Pleasant St.
Weymouth MA 02189
781-682.6124

www.weymouth.ma.us/recreation



CONTACT INFORMATION

Participant Name: _____ Age: _____

Address: _____

Parent Guardian: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Emergency Contact: _____ Home Phone #: _____ Cell Phone #: _____

SCHOOL

School attended 2018-2019: _____

Is the participant on an IEP? YES NO

If yes, please specify: _____

Is your child in a special program? YES NO

If yes, please specify. _____

Describe your expectations of this program and how you feel it will benefit your teen.

PLEASE TURN OVER TO COMPLETE THE FORM

MEDICAL

Primary Physician's Name: _____

Phone Number: _____

MEDICATIONS

Is your child on any Medications? YES NO

If yes, please list all medications. _____

Do any carry side effects? YES NO

If yes, please specify _____

How is the medications administered? By self or by others?

Would medications be needed during the day? (program time) YES NO

PLEASE NOTE THAT THE STAFF CAN NOT ADMINSTER MEDS

Office Staff Only
Date Received: _____