

# YOUTH SPORTS INCLUSION SUPPORT PLAN INTAKE FORM

Please provide the following documents with this form:

\_\_\_\_\_ Physician's Statement within the last year of the child's needs to include: (a) diet: specifically food to be avoided and the recommended substitutions, (b) medications, (c) appliances, (d) communication aides, (e) self-care assistance, and (f) coordinated treatment strategy developed by personnel familiar with child's needs.

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Special Need/Medical Condition:**

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**Medications/Procedures required for the above conditions:**

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Has your family received any special services (i.e. specialized training and/ or support), in regards to your child's special need/ medical condition and are there any special precautions that we should be aware of?

1.

2.

3.

4.

5.

6.

What services/ accommodations are you requesting?

	STAFF ONLY	
1.	YES	NO
2.	YES	NO
3.	YES	NO
4.	YES	NO
5.	YES	NO
6.	YES	NO

I \_\_\_\_\_ give permission for my child's inclusion support document to be released for data purposes.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature