166 Patterson Avenue, Suite 8
Shrewsbury, NJ 07702
phone: 732-842-6600
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3349 Route 138 Bldg B-Suite A
Wall, NJ 07719
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Breakfast Club Registration Form

Child's Name____ Sex_____ Age______________

Date of Birth ___________ Mother's Name____________ Father's Name_________________

Address_________________________ City_________________ State_____ Zip___________

Home # __________________ Mother's Cell # ________________ Father's Cell #__________________

E-Mail ____

Please list all medical issues/medications or allergies that your child has:

Services at Abilities in Action: ☐PT ☐ST ☐OT ☐NONE

Other therapies outside of AIA: ☐PT ☐ST ☐OT ☐NONE Location:________________

What does your child's diet currently consist of? What are your child's favorite foods?

What is one food that you would love for your child to eat?

How does your child react when new foods are introduced? Can they tolerate new foods on their plate or will they touch the food?

List any foods that your child used to eat but will not eat now?

Does your child have any difficulty safely chewing or swallowing foods? If yes, explain.

How long will your child sit at the table during mealtime?

What are your goals for your child?

Any other information we should know?

Dates: June 20, 23, 27, 30

Times: Tuesdays and Fridays 9am-10am

Cost: $200

**Enrollment fee is due 30 days before the first day of the group. If your child is absent, the group fee is non-refundable. The group is not submittable to insurance.*

Size: 4-6 children

**A minimum of 4 children is required to run the group. If we do not receive minimum enrollment, the camp will be canceled and tuition will be reimbursed.*

Breakfast Club is an introduction to new foods in a social setting with peers. The goal is for children to comfortably interact with new foods in a way they haven't before. Breakfast Club is different from feeding therapy. Feeding therapy is an individualized, one to one approach to expand feeding skills that is specific to the child's current diet, history of responses to foods and family goals or priorities for mealtimes.

ENROLLMENT CRITERIA

- Ages: 4-6 years old
- Can use utensils to feed themselves
- Can communicate their wants and needs
- Ability to interact well with peers
- Can remain seated at a table for periods of 15 minutes
- Can participate in group activities without need for one-on-one assistance.
- Unfortunately, children are not eligible for our groups if they have self-injurious behaviors/aggression.

By signing below, I acknowledge that I understand and agree to Abilities in Action policies.

Signature: Date:

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Parent Acknowledgement Regarding Allergies

Child's Name: ______________________________ Date: ______________

My child has the following allergies:

Allergy: ____________________ ☐ingestion ☐inhalation/airborne ☐contact

Symptoms of exposure: ____

☐hives	☐itchy throat	☐diarrhea	☐skin rash/hives Location:
☐vomiting	☐swelling	☐anaphylaxis	☐ Other:

Treatment: Medication:____

Exposure requires immediate attention: ☐Yes ☐No

Has your child ever experienced anaphylaxis? ☐Yes ☐No

My child has an EpiPen for this allergy: ☐Yes ☐No

Allergy: ______________________ ☐ingestion ☐inhalation/airborne ☐contact

Symptoms of exposure: ____

☐hives	☐itchy throat	☐diarrhea	☐skin rash/hives Location:
☐vomiting	☐swelling	☐anaphylaxis	☐ Other:

Treatment: Medication: ____

Exposure requires immediate attention: ☐Yes ☐No

Has your child ever experienced anaphylaxis? ☐Yes ☐No

My child has an EpiPen for this allergy: ☐Yes ☐No

Allergy: _____________________ ☐ingestion ☐inhalation/airborne ☐contact

Symptoms of exposure: ____

☐hives	☐itchy throat	☐diarrhea	☐skin rash/hives Location:
☐vomiting	☐swelling	☐anaphylaxis	☐ Other:

Treatment: Medication: ____

Exposure requires immediate attention: ☐Yes ☐No

Has your child ever experienced anaphylaxis? ☐Yes ☐No

My child has an EpiPen for this allergy: ☐Yes ☐No

Parent Acknowledgement Regarding Allergies

It is the responsibility of the child's parent/guardian to inform Abilities in Action if your child has allergies, as well as if the allergies require immediate medical attention, such as administration of oral medications or the EpiPen, and to bring the prescribed unexpired medications to each session.

If your child has known allergies that require immediate medical attention, the parent/guardian is not permitted to leave the premises while your child is receiving therapy.

It is important to notify your child's therapist immediately if your child's allergy status changes. Your child's therapist will attempt to eliminate the use of known allergens in instructional tools and materials, arts and crafts projects, or incentives. The staff at Abilities in Action is trained in general emergency procedures. However, the staff at Abilities in Action does not have formal training in the administration of EpiPens and are not permitted to give medication to our patients. Additionally, Abilities in Action does not have EiPens on site. If your child is exhibiting signs or symptoms of an allergic reaction or anaphylactic shock, we will notify the parent/guardian and call 911.

Release of Liability

☐ I agree to bring unexpired allergy medications that are prescribed for my child to my child’s sessions at Abilities in Action.

☐ I understand that my child's parent/guardian is responsible for the administration of all medications to my child, including the EpiPen, in the event of suspected anaphylactic shock.

☐ I understand that Abilities in Action will not administer medication or the EpiPen in the event of an allergic reaction. If medication has been left with the child, it will be given to EMS upon arrival.

____

Printed Name of Child

____

Printed Name of Parent/Guardian Signature of Parent