

GOING BEYOND TRAVEL TRIP APPLICATION

General Information:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone () _____ - _____

Age: _____ Birthdate: _____ Height: _____ Sex: _____ Email: _____

Living Situation: (circle one) Family Group Home Supervised Apt. Residential facility Independent

Person completing this application: _____ Relation /Title: _____

Who to contact in case of an emergency: _____ Ph. # _____

Physician: _____ Phone #: () _____ - _____

MA or Health Insurance #: _____ Health Insurer: _____

Medications ?

Medication Administration: (Circle one)

Completely independent

Takes meds with staff
supervision

Tour Leaders must
administer

Eyeglasses? _____ Hearing Aid? _____ Dentures? _____ Will Report Pain? _____

Known Allergies? _____ Adheres to Diet Restrictions? _____ Diet Restrictions? _____

Seizures? _____ If so frequency and type: _____

Type of Communication / Speech difficulties: _____

Any special likes or dislikes: _____

Social Behavior: (check all that apply to applicant and explain if necessary)

History of stealing _____

Fabricates stories _____

Wanders _____

Excessive talking _____

Teases others _____

Physically

aggressive _____

Verbally

abusive _____

Other:

Please describe any behavioral problem or idiosyncrasies and how best to handle them, also include any specific fears:

Which situations if any provoke anger, frustration, or outburst and how is this best handled:

Self Care Skills: Type of supervision / assistance needed with personal care:

Money Management: (circle one)

Independent with all money

Supervision with purchases

Staff should handle all money

Please describe any activity limitations, special equipment, etc.:

Can applicant have alcohol? Yes ___ No ___ If yes, describe is intake limited:

Does the applicant smoke? Yes___ No___

Swimming Ability:

Payment Information:

Do you have a Rep Payee? Yes ___ No ___

If so who should we contact for payment _____ Phone _____

Address _____ Fax #: _____

Deposit required to reserve space: \$50.00

Balance Due 10 days prior to departure

Make checks payable to Going Beyond Travel. Please mail trip application and check to: 12024 N. WasaukeeRd.

Mequon, WI

53097

_____ Check here if you want a receipt for the deposit, first come first served for trip reservations.

Please read and sign: Trips are led with experienced outdoor guides or travel escorts. Escorts are prepared to lead a safe and enjoyable trip, but risk to body or property may be present. All participants, and or guardians applying for this trip accept their own risk and release Going Beyond and its staff and volunteers from liability for any harm to person or property that may occur. Going Beyond does not and cannot accept responsibility for medical expenses that may occur if the participant must receive care. We advise proper Medical insurance be purchased prior to trip.

I have read the information above, understand the risk involved and agree to follow all safety rules as outlined during the trip.

Signature(Legal Guardian)_____ Date:_____