



CAROUSEL
DANCE CENTRE INC.

Dance for EveryBODY PARTICIPANT PROFILE

To help us plan the dance program, please complete the following participant profile. If you would like to discuss the program, please do not hesitate to contact The Carousel Dance Centre at 519-746-8877.

Name: _____

Emergency Contact: _____

Name

Relationship

Phone

Physician's Name: _____ Phone: _____

Medical Background:

1. Medical Diagnosis

Primary: _____

Secondary: _____

2. How does the medical diagnosis affect your child:

Physically: _____

Cognitively: _____

Socially: _____

3. Medical Precautions (seizures, respiratory, medications. . .)

Functional Overview:

1. What equipment does your child use to perform everyday tasks (wheelchair, braces, etc)? _____

2. On a scale of 1 to 5, please indicate your teen's level of independence in **mobility**.

1 2 3 4 5
dependent *assistance required* *independent*

3. On a scale of 1 to 5, please indicate your teen's level of independence in **transfers**. (wheelchair to floor etc.)

1 2 3 4 5
dependent *assistance required* *independent*

