



BDA Movement Matters Authorization

Last: _____ First: _____ Middle: _____
Other Names Used: _____ DOB: _____
Address: _____
Home Phone: () _____ Cell Phone: () _____
Guardian's Name: _____ Email Address REQUIRED: _____
Emergency Contact Phone: _____

Please circle yes or no

Does your learner suffer from any conditions requiring medical treatment, previous medical problems, or any changes to his/her medical condition? This includes any history of chest problems, high/low blood pressure, high cholesterol, joint issues etc. If yes, please give a detailed explanation, including if they are taking any medications for these health issues.

Yes No

Does your learner suffer from any allergies or any special dietary requirements, including food allergies? If yes, please give brief details and include any medications they are taking for these dietary or food related health issues.

Yes No

Does your son/daughter take any medication and are there any side effects that should be monitored closely?

(Note: we do not administer medication & our staff must be informed of any medication time that could occur during an outing in the community) If yes, please give brief details

Yes No

Does your learner have any medical conditions that could place him/her at risk should a protective hold or physical prompting be necessary to ensure his/her safety?

Yes No

I give consent to medical treatment should an injury occur.

Yes No

Are there any known issues or concerns impeding our staff's ability to keep your son/ daughter safe in an environment less restrictive than that of the home (i.e camp, park, community, outdoors)

If so, please list:

Yes No

In the event that your son/daughter exhibits behaviors that endanger his/her safety or the safety of others, it may be necessary to implement a protective hold to ensure safety. Although unlikely, physical prompting or protective holds could result in redness to the skin, minor bruising or swelling, or other accidental injuries if the student resists the procedures. Do you consent to the use of a protective hold and physical prompting procedures? You may withdraw your consent at any time in writing. **"NO"**

RESPONSES MAY PREVENT OUR AGENCY FROM PROVIDING ANY SERVICES OR MAY LIMIT THE TYPE OF SERVICES PROVIDED. Do you consent to the use of these procedures to ensure his/her safety?

Yes No

If "No" is circled, please contact Executive Vice President, Matt Linder, by email to explain the rationale for this at matt@brettdassociates.com Services will not start until this is resolved.

Has your son/daughter participated in any athletic event/competition (sport) or fitness related activity prior to services with Brett DiNovi & Associates. This does not include any BDA Movement Matters activities. If yes, please give brief details as well as any fitness goals you have for your child:

Yes No

I give consent for our staff to use a HIPAA compliant remote video consultation platform my son/daughter to be used for: behavioral data analysis & staff training which **is required**. These may occur during any BDA camps, a sports practices, yoga sessions or functional fitness classes.

Yes No

I give consent to our staff to take pictures and videos at BDA camp, a sports practice, yoga session or functional fitness class to be used and posted on the Movement Matters Facebook site and YouTube channel?

Yes No

I hereby authorize BDA access & to share the protected health information (child study team records & any medical or psychological reports from all sources, etc.) with other interdisciplinary providers in my son/daughter's health record from today's date until one year of service from today (or upon termination of BDA services).

Yes No

I understand that BDA may exercise the right to discontinue services and transition them to another provider should conditions in the home, such as implementation of the program with poor procedural integrity, place the learner at risk.

I agree to hold Brett DiNovi & Associates LLC, its officers, directors, subcontractors, employees, representatives and agents harmless and indemnify BDA and those trained in these techniques from all lawsuits, damages, injuries and claims that may arise or relate to any training or services offered to your son, daughter, or caretakers.

Printed Name of Guardian

Date

Signature of Guardian Consent

Date

Please fax or scan & email completed form to your Behavior Consultant,
Mark Bradley mbradley@brettdassociates.com and
Carli DiRienzo carli@brettdassociates.com or fax 480-393-4069

"Stay fit, stay healthy and Movement Matters"