



# Rancher Annual Information

Form must be updated annually. Please inform Golden Heart Ranch (GHR) when changes in medication occur. All information will be maintained in strict confidence between participant, family and GHR staff. Please submit completed forms to: [jeni@goldenheartranch.org](mailto:jeni@goldenheartranch.org)

---

## Participant Information

First, Middle & Last

Nickname

Address

Date of Birth

Gender

Height

Weight

Hair Color

Eye Color

Primary Disability

Secondary Disability

Parent/Guardian Name

Relation

Email

Home

Cell

Work

Parent/Guardian Name

Relation

Email

Home

Cell

Work

Does your child require a 1:1?    Yes    No    *If yes, will they be accompanying him/her?*    Yes    No  
*GHR staffs at a 1:3 staff to Rancher ratio*

## Reasons for Participating *please check all that apply*

Physical Activity

Group Interaction

Socialization/Friends

Motor Development

Creativity/Self-expression

Self-esteem/Confidence

Responsibility

Entertainment

Fun!

Skill Development

Other:

How did you hear about Golden Heart Ranch?

Parent/Guardian Signature:

Date:

Medical Information

Allergies and (please list ALL: food, environment, medicine, etc)

Allergen	Reaction	Response to Take

Dietary Restrictions

Is participant subject to seizures?      Yes      No      Date of last seizure  
*if yes please complete Seizure forms*  
Type & Frequency

If participant has Down syndrome has he/she been tested for Atlanto-Axial instability?      Yes      No  
If yes, were results positive?      Yes      No      *Please attach copy of medical exam*

Medications Taken *please complete all supplemental medication forms for over the counter and any meds taken while at GHR programs.*

**Insurance Information**

**Please include front and back copies of all insurance cards**

**PRIMARY INSURANCE**

**Insurance Information**

Doctor Name

Doctor Phone

Insurance Company Name

Insurance Company Phone

Subscriber/Member ID#

Group #

Name of Policy Holder

Does insurance require pre-authorization?

Yes

No

Pre-authorization phone #

---

**SECONDARY INSURANCE**

**Insurance Information**

Doctor Name

Doctor Phone

Insurance Company Name

Insurance Company Phone

Subscriber/Member ID#

Group #

Name of Policy Holder

Does insurance require pre-authorization?

Yes

No

Pre-authorization phone #

Emergency Contact and Pick Up Information

**Primary Emergency Contact (Parent or Guardian)**

First and Last Name

Relationship

Address

Home

Work

Cell

Email

**Emergency Contact**

First and Last Name

Relationship

Address

Home

Work

Cell

Email

**Emergency Contact**

First and Last Name

Relationship

Address

Home

Work

Cell

Email

I hereby inform Golden Heart Ranch that the people listed below are authorized to pick up my child at any time. Accordingly, Golden Heart Ranch is authorized to release my child into the care of the following persons from Golden Heart Ranch or a Golden Heart Ranch related activity.

Authorized Pick Up Person(s):

Name	Relationship to Rancher	Phone Number

I understand that

The "Authorized Pick Up Person" must be at least 18 years old and may be asked to provide a photo ID to the staff.

This authorization shall remain in force until edited or rescinded in writing by the signers of this authorization.

Parent Signature

## Daily Living Skills

### Eating

Eats independently  
Needs to be monitored  
Needs assistance

### Dressing2

Dresses independently  
Needs to be monitored  
Needs assistance

### Bathroom

Toilets independently  
Needs to be monitored  
Needs assistance

### Changing diaper/pull up (if applicable)

Changes independently  
Needs to be monitored  
Needs assistance

### Brushing Teeth (Camp Coyote Ridge)

Brushes independently  
Needs to be monitored  
Needs assistance

### Showering (Camp Coyote Ridge)

Showers independently  
Needs to be monitored  
Needs assistance

### Mobility

Walks independently  
Uses manual wheelchair  
Uses motorized wheelchair  
Uses other assistive device for mobility

### Communication

Verbal, speaks clearly  
Verbal, speech is difficult to understand  
Difficulty expressing need, gestures/points  
Uses sign language  
Uses communication device/AAC/iPad  
Other

### Auditory/Visual

Wears Glasses  
Wears hearing aids/device  
Other

### Swimming

Swims independently in DEEP end  
Swims independently in SHALLOW end  
Swims with special gear  
Cannot swim  
Other

Please use space below to elaborate on the above:

## Social

### Social Interaction

Initiates social interaction

Socializes with verbal prompting

Avoids social interactions

### Is most successful in:

Large groups

Small groups

Other

### Engagement:

Engages from a distance

Engages directly with others

Other

**Favorite Quiet Activities:**

**Favorite Active Activities:**

**Rancher's strengths and talents at home, at school, and in the community:**

**Areas that your Rancher needs extra help?**

**How does your Rancher best learn?**

**Sensory: aversion to textures, loud noises, etc.?**

**What are your social goals for your Rancher?**

**Behaviors**

**Behaviors please check all that apply**

Short attention span	Easily distracted	Hyperactivity
Oppositional/defiant	Tendency to run or wander off	Manipulative
Verbal outbursts	Tantrums/meltdown	Self-abusive
Physical aggression to others	Other:	

**Please provide detailed explanation to any check above:**

**What are known triggers to the behaviors above?**

**Does your Ranchers respond to specific behavior management techniques used at home, school or work?**

Yes      No      Please explain

**How does your Rancher handle frustration? How do or don't they communicate stress or frustration at home or with peers?**

**Does your participant have any unusual fears or concerns?**

Yes      No      Please explain:

**Safety Concerns:**

Crossing streets	Riding in vehicles	Elopement
Other:		

**Please provide detailed explanation to any check above:**

**Camp Coyote Ridge**

**Sleeping** *please check all that apply*

Sleeps through the night

Restless/light sleeper

Has nightmares

Afraid of the dark

Sleepwalking/Wandering at night

Wets the bed

Wears diaper/pull up at night

Able to sleep on top bunk

Other:

**Please explain how we can best manage these habits:**

**Favorite Foods:**

**Food Aversions:**

**How can we best support your child with their sensitive personal habits while at camp? (dressing, showering, etc..)**

**Does your child take daily medication?**      **Yes**      **No**

*If yes please complete the Medical Forms.*

**Camp Coyote Ridge has a 1:3 staff to Rancher rule, if your Rancher requires a 1:1 please provide:**

**Aide's Name**

**Phone Number**

**Agency**