CITY OF CARSON

Recreation and Human Services

Joseph B. Jr. and Mary Anne O'Neal Stroke Center Application

TO BE ELIGIBLE YOU MUST HAVE HAD A STROKE AT LEAST 6 MONTHS AGO.

RELEASE AND ASSUMPTION OF RISK FORM
SWIMMING AND VARIOUS FORMS OF EXERCISE CAN BE DANGEROUS. THIS IS A WAIVER AND RELEASE. READ IT CAREFULLY BEFORE YOU SIGN IT.

I, _____ , wish to participate in the Joseph B. Jr. and Mary Anne O'Neal Stroke Center sponsored by the City of Carson ("the City"). I understand that the exercise program will consist of various forms of exercise including, but not limited to stretching, chair exercise, light weights, low impact aerobics, swimming and exercises in the swimming pool. I have discussed the exercise program with my physician who has advised me of my medical limitations in any exercise program and has authorized my participation. I have provided the City with an authorization form signed by my physician.

I understand that any swimming pool and any other activities taking place in and around the pool may have inherent dangers and risks. Recognizing these risks as inherent dangers, this release hereby acknowledges my assumption of these risks, and furthermore, this release acknowledges that I will not hold the City liable for injury or damages connected with those inherent dangers and my participation in this exercise program. In the event of a medical emergency, I authorize the medical personnel attending me to make decisions regarding my immediate medical treatment as may be necessary.

Accordingly, I, for myself, my heirs, executors, administrators, and assigns, hereby release and discharge the City of Carson, the Carson Redevelopment Agency, and their respected elected officials, officers, attorneys, agents, employees, volunteers, successors, and assigns (collectively the "Organizers") from and against any and all claims, demands, and/or causes of action of losses, injuries, damages, cost, and/ or liabilities, including personal injury and property damages arising out of or in any way attributable to or in connection with my participation in the exercise program. Moreover, I expressly release the Organizers from and against any and all claims or liability arising from their negligence in organizing, planning, and/or implementing this program.

I HAVE READ THIS RELEASE AND ASSUMPTION OF RISK CAREFULLY. I UNDERSTAND THE RISKS INVOLVED IN PARTICIPATING IN THE EXERCISE PROGRAM. I AM FULLY PREPARED TO ACCEPT THESE RISKS.

I AM AWARE THAT THE JOSEPH B. JR. AND MARY ANNE O'NEAL STROKE CENTER RESERVES THE RIGHT TO REFUSE SERVICES TO ANYONE.

I UNDERSTAND THAT BY SIGNING THIS RELEASE, I GIVE UP MY RIGHT TO SUE THE ORGANIZERS OF THE EXERCISE PROGRAM IF I AM HURT OR INJURED, EVEN IF THEY ARE NEGLIGENT.

Participant's signature: _____

Participant's Name (please print): _____

Address/City/Zip Code: _____

Telephone: _____ Date: _____

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Joseph B. Jr. and Mary Anne O'Neal Stroke Center Application

Sessions are supervised by a Certified Physical Therapist, Licensed Occupational Therapist, and Speech Pathologist.

Sessions consist of stretching exercises, muscle strengthening by the use of TheraBands and/or small weights, chair exercises, swimming, warm water exercise, and other exercises deemed appropriate for stroke survivors by the instructor.

PHYSICIAN AUTHORIZATION FORM

I have reviewed the program description that _____ has provided me. I am familiar with my patient's medical condition and hereby authorize his/her participation in the City of Carson Stroke Survivor Support Services Exercise/Therapy Program.

_____ _____
Signature of Physician Date

_____
Physician's Name (print please)

_____
Address/City/ Zip

_____
Phone Number

Physician's Stamp:

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CLIENT RELEASE FORM

I, _____ , wish to participate in the Stroke Survivor Support Services Program sponsored by the City of Carson ("the City").

I understand that the Support Group Program will consist of interaction with other stroke survivors or caregivers and may involve intense emotional and sensitive subjects and may invoke negative reactions from participants. I have provided the City with an authorization form signed by my physician and understand that I am participating willingly and knowingly in the City's Support Group Program.

I, for myself, my heirs, executors, administers, and assigns, hereby release and discharge the City and their respective agents, officers, servants, contractors, and employees ("the organizers") from any and all claims for losses, injuries, damages or liabilities, including personal injury and injury to personal property, arising out of or attributable to my participation in the Support Group Program. I expressly release and hold harmless the organizers from any and all claims or liabilities arising from their joint or several negligence in organizing planning, and implementing the Support Group Program.

I HAVE READ THIS RELEASE CAREFULLY.

I UNDERSTAND THE RISKS INVOLVED IN PARTICIPATING IN THE SUPPORT GROUP PROGRAM.

I AM FULLY PREPARED TO ACCEPT THESE RISKS.

Participant's Signature: _____

Participant's Name (please print): _____

Date: _____

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Joseph B. Jr. and Mary Anne O'Neal Stroke Center Application

Sessions are supervised by a licensed facilitator.

I understand the support group will consist of interaction with other stroke survivors or caregivers and may involve intense emotional and sensitive subjects and may invoke negative reactions from participants. I am providing the City with an authorization form signed by my physician and understand that I am participating willingly and knowingly in the City's Support Group Program.

PHYSICIAN AUTHORIZATION FORM

I have reviewed the program description that _____ has provided me. I am familiar with my patient's medical condition and hereby authorize his/her participation in the City of Carson Stroke Survivor Support Group Program.

_____ _____
Signature of Physician **Date**

_____
Physician's Name (print please)

_____
Address/City/Zip Code

_____
Phone Number

Physician's Stamp:

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PHYSICIAN RELEASE FORM

Participant's Name: _____

Referring Physician: _____

Physician's Address: _____

Phone Number: _____

Primary Medical Diagnosis and DATE OF STROKE:

_____

_____

_____

Secondary Diagnosis or Other Medical Conditions: (Please include joint replacement, pacemakers, etc.)

_____

_____

_____

Current Medications Prescribed:

_____

_____

_____

Does the participant have seizures? { } YES { } NO

If yes, please describe:

_____

_____

Does the participant have allergies? { } YES { } NO

If yes, please describe:

_____

_____

_____ _____

Physician's Signature: Date:

Physician's Stamp:

THIS PAGE IS TO BE COMPLETED BY THE PARTICIPANT'S PHYSICIAN ONLY.
SIGNING THIS FORM CERTIFIES THAT PARTICIPANT HAS HAD A STROKE

Joseph B. Jr. and Mary Anne O'Neal Stroke Center
Water Exercises Class

The water exercise class uses the natural resistance of the water to develop muscle tone, strength, flexibility and endurance while minimizing trauma to the weight bearing joints. The Water Exercises Class takes place every Wednesday at the Ability First Pool, located in Long Beach. Classes are lead by the ability First aquatics staff and are approximately 50 minutes long. The water is heated to 88 degrees. The Ability First facility including pool, dressing rooms, and showers are all wheelchair accessible.

PHYSICIAN AUTHORIZATION FORM

I HAVE REVIEWED THE PROGRAM DESCRIPTION THAT _____ HAS PROVIDED ME. I AM FAMILIAR WITH MY PATIENT'S MEDICAL CONDITION.

( ) I HEREBY AUTHORIZE HIS/HER PARTICIPATION IN THE WATER EXERCISE CLASS.

( ) I DO NOT AUTHORIZE HIS/HER PARTICIPATION IN THE WATER EXERCISE PROGRAM AT THIS TIME

_____ _____
SIGNATURE OF PHYSICIAN **DATE**

_____
PHYSICIAN'S NAME (PRINT NAME)

_____
ADDRESS/CITY/ ZIP CODE

_____
PHONE NUMBER

Physician's Stamp:

City of Carson
Joseph B. Jr. and Mary Anne O'Neal Stroke Center
Emergency Response Card

Name (Last, First, Middle Initial):	E-mail Address:	Gender: M F
Address: Street	City Zip	Phone: ( )
DOB:	Marital Status: Single Married Widow(er) Divorced	Ethnicity:
HEALTH INSURANCE: Medi-Care #	Medi-Cal # HMO#	V.A. #
MEDICAL CONDITIONS:		

MEDICATIONS FOR MEDICAL CONDITIONS

Name	Dose	Frequency

MENTAL CONDITIONS:

MEDICATIONS FOR MENTAL CONDITIONS

Name	Dose	Frequency

Primary Physician Name	Facility	Phone: ( )
Live Alone? YES NO	Other Household Members Name:	Relationship:

Emergency Contact Name:	Relationship:	Number:
		( )
		( )
		( )

Allergies/Other necessary Information useful in an emergency:

Joseph B. Jr. and Mary Anne O'Neal Stroke Center Code of Conduct

The Joseph B. Jr. & Mary Anne O'Neal Stroke Center is a public facility intended to serve the needs of people living with the effects of stroke and provide support for their families. The goal of the Stroke Center is to provide a welcoming and safe place for individuals to socialize as well as rehabilitate from their stroke by utilizing our rehabilitative equipment, interacting in our specialized activities, and participating in group exercises. Participants of the Joseph B. Jr. & Mary Anne O'Neal Stroke Center are expected to conduct themselves in a manner that most people would find reasonable and does not infringe upon the enjoyment of other participants.

Participants agree to observe the following when attending the Joseph B. Jr. & Mary Anne O'Neal Stroke Center:

- Alcohol is not permitted in the Stroke Center at any time.
- Smoking is not permitted in the Stroke Center at any time.
- Offensive language is not permitted in the Stroke Center at any time.
- The Stroke Center structure, equipment, furnishings and fixtures must be treated with care and respect at all times.
- State and local policies, ordinance, laws and regulations must be observed at all times.

Participants are expected to:

- Be able to function on their own or with the assistance of a caregiver, but independently from the J.B.O.J & M.A.O Stroke Center Staff.
- Maintain personal hygiene that is healthy and inoffensive.
- Treat others with courtesy and consideration.
- Respect and obey instructions given by staff members.
- Use voice, language and behavior that will not offend or disturb other participants or staff. If you are advised by a staff person that your language or behavior has offended someone, please respect the direction of staff and alter your language and/or behavior.
- All computer usage must be appropriate, inoffensive, and may not interfere with the operation of the City's computer system. Participants are not to install or download any programs onto the city's computers. Participants are responsible for the security of any personal information they make available.
- Report any hospitalizations or changes in medical condition, as your health and safety are our top priority. A physician's signature and/or updated application may be required after a change in medical condition before you can resume Stroke Center activities.

Consequences of failing to observe the Code of Conduct are:

1. Verbal warning by a staff member. The participant(s) will be asked to sign that they have read and understand the Code of Conduct. A copy of the signed Code of Conduct will be kept on file. If a major offense has occurred that requires law enforcement intervention, the participant(s) may be asked to leave the Center immediately. Depending on the violation committed, the participant(s) may be permanently expelled from the Stroke Center. Law enforcement may be contacted for any threat or incident of assault, for willful destruction of property, or for any other reason staff deems necessary for the safety of themselves and others.

2. A second violation of the Code of Conduct will be a written warning and meeting with the Recreation Program Manager where a discussion of the violation and possible consequences of repeated violations will take place. Consequences may include suspension from the Stroke Center, and if repeated violations take place, expulsion may occur.

3. If a third offense occurs, it will result in a meeting with the Recreation Program Manager who will go over the terms of suspension. Suspensions from the Stroke Center can be up to a month in length. After suspension, any further violations may result in permanent expulsion from the Center.

4. A fourth offense will result in a permanent expulsion from the Stroke Center.

PLEASE NOTE: Depending upon the severity of the offense, suspension or expulsion may be enforced after the first or second offense.

Appeals to suspension or expulsion can be made through the Recreation Superintendent.

I have read, I understand, and I agree to abide by the Stroke Center Code of Conduct.

_____ _____

Printed Name Date

_____

Signature