



## Peer Pal Information (ages 13-16)

### Community Coaching Program

Include Autism's Community Coaching program is a small group, community behavioral and social skill development & ABA therapy program for school aged children between five and twenty-two years old, with an Autism Spectrum Disorder. Community Coaching focuses on social skill building, transitioning, and skill generalization in a variety of "real life" environments and social arenas, varying modes of transportation and routine on a daily basis, while learning and maintaining appropriate social interactions and behaviors, and building and nurturing community peer relationships.

### Our Mission

To develop appropriate social behaviors for school aged individuals with autism while promoting awareness and inclusion in the community.

### Our Vision

The successful integration of all individuals of all abilities, within the community.

Include Autism's Community Coaching program is a non profit 501(c)3 after school, school break, and Saturday community-based, social behavior development program for kids and teens affected by an Autism Spectrum Disorder. Community Coaching provides a community-based instruction and inclusion curriculum focusing on building, transitioning, and generalizing skills in a variety of natural and included environments. Community Coaching facilitates the development of lasting relationships with peers within the program and out in the community. By providing structured and supportive exposure through our program's daily activities and interactions, we offer opportunities to provide first-hand autism education and meaningful inclusion experiences as we proudly introduce our amazing kids to their San Diego community.

At the Community Coaching program our peer groups focus on **transitioning** and skill **generalization** across multiple community environments in a variety of naturally occurring "real life" circumstances. Our goal is to demonstrate long term **maintenance** of these skills in natural environments to become contributing members of our community.

**Program Hours:** M-F 2/2:30-5:30pm; Saturdays 11am-5pm

### What Does a Peer Pal Do at Include Autism?

- Interact with the participants of the program after school or on Saturdays
- Join participants on community outings such as bowling, museums, parks, etc. or Home Base activities like baking or art projects
- Displaying friendship skills to our wonderful Program Participants
- Obtain valuable experience and education about Autism Spectrum Disorders and see firsthand how capable and important these individuals are to our community
- Check our website to see what we look like: [www.includeautism.org](http://www.includeautism.org)
- **Have fun!!**

**PLEASE DETACH AND GIVE TO PEER PAL**



## Peer Pal Information and Emergency Information

Peer Pal: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Hours/Days Available: \_\_\_\_\_

Address: \_\_\_\_\_

Peer Pal Email: \_\_\_\_\_

Peer Pal Home Phone: \_\_\_\_\_ Peer Pal Cell Phone: \_\_\_\_\_

Parent/Legal Guardian(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact (other than Parent/Legal Guardian(s)) \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Person(s), other than Parent/Legal Guardian(s), authorized to pick up Program Participant up from Community Coaching:

Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Peer Pal \_\_\_\_\_ Date: \_\_\_\_\_

Parent/LegalGuardian \_\_\_\_\_ Date: \_\_\_\_\_



### Emergency Consent and Medical Information

Peer Pal Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Parent/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Medical/Special Needs: \_\_\_\_\_

Physician(s) & Phone Number: \_\_\_\_\_

Insurance Info: \_\_\_\_\_

Dentist & Phone Number: \_\_\_\_\_

Insurance Info: \_\_\_\_\_

Past Illnesses (Check illness that Peer Pal has had and specify approximate dates of illness):

	Dates		Dates		Dates
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping Cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

Specify any other serious or severe illnesses, accidents, or health issues CCC should be informed of:

\_\_\_\_\_

As Parent/Legal Guardian of the above-named Peer Pal, I hereby authorize the staff of Community Coaching Center, Inc. (collectively "CCC") to monitor listed above per my written directions. Furthermore, I authorize CCC to act on my behalf in the event of accident, injury or illness if immediate medical or surgical or dental care is necessary and prescribed by a duly licensed physician, osteopath, or dentist, to preserve the life, limb, or well being of the above-named Peer Pal. I understand that CCC will diligently attempt to notify me of the situation and obtain my preferences and consent; however, if CCC is unable to reach me, I hereby authorize the CCC Team Member to act as his/her judgment dictates to give care.

*Medical Responsibility:* I further agree to assume financial responsibility for any accident, injury, or illness of the above-named Peer Pal while in the care of CCC. If the CCC staff is unable to reach me, I hereby give permission to the CCC Team Member on duty to sign hospital operative permits on my behalf for such operations or dental procedures as are considered necessary or advisable by medical judgment, including the administration of anesthesia.

\_\_\_\_\_  
Peer Pal

\_\_\_\_\_  
Date

\_\_\_\_\_

\_\_\_\_\_



Parent/Legal Guardian

Date

## PEER PAL ADMISSION AGREEMENT Informed Consent and Waiver of Liability for Peer Pals

I, \_\_\_\_\_ as Parent/Legal Guardian of the Peer Pal, \_\_\_\_\_, hereby give my permission for the above-named Volunteer, under the supervision of Include Autism, Inc. staff, volunteers, and affiliates, to participate “off-site” in the community on outings, field trips, and otherwise and for the above-named Volunteer to be transported in Include Autism company vehicle(s) or in the personal vehicle(s) of any Include Autism staff member or volunteer, and to use public transportation while in the care of Include Autism.

By signing this waiver, I, as Parent/Legal Guardian of the above-named Peer Pal, freely **WAIVE ANY AND ALL CLAIMS** for any liability whatsoever, including, but not limited to, liability for personal injury, illness, death and/or property damage sustained by the Peer Pal while under the care of Include Autism. I hereby **RELEASE FROM ANY LIABILITY WHATSOEVER Include Autism** and each of its agents, including but not limited to, its Management, staff, directors, officers, volunteers, funding, licensing or other agents, representatives, and/or affiliates (hereinafter referred to as “Releasees”) with respect to any claims or causes of action that I, as Parent/Legal Guardian, my estate, heirs, executors or assigns may wish to pursue, whether caused by the alleged active or passive negligence of Releasees or otherwise.

This release also applies to all dangers inherently involved in the events and activities in which the Program Peer Pal participates in with participants, peer pals, staff, and volunteers in the Include Autism’s Programs. I understand that the risks involved may include, but are not limited to risks resulting from: play equipment, terrain, environmental conditions, the peer pal’s personal physical condition and that of the other participants in the program or others in the community, vehicles, public transportation, or public or privately owned property. Known risks include, but are not limited to: Injuries resulting from: (1) Structured and non-structured activities made available to the Include Autism Volunteers and visitors; (2) Physical activities including but not limited to walking/hiking, “scootering”, bicycling, swimming, climbing, boating, skating, and bowling; (3) High volumes of traffic in the Community; (4) Interaction with animals; (5) Conditions, hazards of issues that may arise from being transported in CCC vehicles or on public transportation (6) Interaction with others in the community that are not part of or acting as a representative of the Include Autism program; and (7) Exposure to potentially hazardous materials or allergens.

By signing this waiver, I hereby agree to save and **HOLD HARMLESS** the Releasees from any claim or lawsuit potentially brought by myself, my estate, heirs, executors or assigns arising out of the above-named Peer Pal’s participation Include Autism’s programs.

In mutual consideration for the above waiver and release of all claims, Include Autism hereby agrees to abide by all applicable Federal, State, and local laws and regulations and acknowledges that any agreements entered into by Include Autism shall be governed by, enforced in, and, where in doubt, construed in accordance with the laws of the State of California.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date



## PEER PAL ADMISSION AGREEMENT Include Autism Photo Release

As Parent/Legal Guardian of \_\_\_\_\_ (Peer Pal), I hereby authorize and consent to the use and reproduction by Include Autism of any and all photographs, audio-visual materials, and references that indicate the participant of the above-named Include Autism Peer Pal for fundraising purposes, the Include Autism website, social media, program promotion, marketing, educational activities, exhibitions, special projects, or for any other use for the benefit of the Include Autism Program or its participants. I understand that only the Peer Pal's first name will ever be used and that his or her privacy will be respected to the full extent possible.

***Note: It is very difficult to exclude specific children from photos of the group in the community. Please let us know VERBALLY as well if you are not willing to sign this part of the waiver as we need to make sure to delete/not use photos if taken.***

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date



## Peer Pal Confidentiality Agreement

As Peer Pal of Include Autism Inc., I understand that I will have access to personal information about children and their families, which must, by California State law, remain confidential.

I understand that at all times I must maintain confidentiality with the information I am privy to as an employee of Include Autism, as outlined in the Include Autism Employee Handbook. I will not discuss information with anyone, with exception to the Include Autism Team and the Program Participant's Parent/Legal Guardian or any contract agency as specified on the Confidentiality Waiver signed by the Program Participant's Parent/Legal Guardian. I understand that any breach of such confidentiality may constitute grounds for immediate termination of my Peer Pal position at Include Autism. Furthermore, I hereby agree not to disclose any program-related OR personal information relating to any of the Program Participants, their families, or the staff at Include Autism, whether former or present, with anyone outside of Include Autism following the termination of my employment at Include Autism.

I understand that the San Diego Regional Center and Community Care Licensing have the right to access all personal and confidential personnel and Program Participant files.

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Parent/Legal Guardian

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Date



## Peer Pal Personal Rights Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each Child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
  - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
  - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
  - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
  - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s) or guardian(s) of the child.
  - (6) Not to be locked in any room, building, or facility premises by day or night.
  - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

**Community Care Licensing**  
7575 Metropolitan Dr., Suite 110  
San Diego, CA 92108  
(619)767-2200

Detach Here

**PLACE IN PEER PAL'S FILE**

**TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGEMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

**Community Coaching Center**  
(PRINT THE NAME OF THE CHILD)

**625 Pennsylvania Ave. San Diego, CA 92103**

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

