

# Byron Forest Preserve District Participant Information Form

Participant Name(s): \_\_\_\_\_

## Emergency Contacts:

Parent/Guardian: \_\_\_\_\_

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

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

Parent/Guardian: \_\_\_\_\_

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

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

Additional Contact: \_\_\_\_\_

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

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

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

## Pick-Up Authorizations:

Only authorized persons may pick up participants who are minors. You may authorize additional persons in writing on a later date.

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

## Medical Information:

Insurance Provider: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Does any participant have a condition that may require assistance or accommodation?

Yes  No

If yes, please explain (specify participant):

Does any participant have any allergy or condition that may require medication such as an EpiPen or Inhaler?

Yes  No

If yes, please explain (specify participant):

Does any participant have any non-serious allergy or condition that we should be aware of? (i.e. sensitive to bug bites, easily sunburned, frightened by storms)

Yes  No

If yes, please explain (specify participant):