



Participant Form

Participant Information	
Please note that the participant email will only be used in addition to the parent email. Participants will never be engaged in a private discussion through email, cell phone, or social media.	
Name of Participant:	Preferred Pronouns:
Name of Parent/Guardian 1:	Name of Parent/Guardian 2:
Parent/Guardian 1 Phone:	Parent/Guardian 2 Phone:
Address:	
Participant Birthday:	Personal Health Card Number:
Parent/Guardian email:	Participant Email:

Medical Information for Participant	
Allergies:	Please list all medications:
What sort of reaction does your child have to their allergies?	Which medication(s) does your child take during the program hours of operation, and at what time?

If they have an Epi-pen, where does your child store it?	Does your child need a reminder to take their medication during program hours?
Do they need to always have their Epi-pen with them?	Does your child require assistance with taking their medication during program hours?
Is there any additional medical information we should know about your child?	

I, _____ (Name of Parent) give my permission to this program: _____ to remind and/or assist my child with taking their medication at the above-mentioned time during program hours of operation.

Emergency Contact Information		
Contact #1:	Relationship:	Phone Number:
Contact #2:	Relationship:	Phone Number:

Is there anyone we **do not** have permission to release your child to at the end of a program session? Please provide a name and reason: _____

Is there anyone else with permission to pick-up your child, outside of Parent/Guardian 1 & 2? Please provide a name: _____