

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 1:	Name of Parent 2:
Parent 1 Phone:	Parent 2 Phone:
Address:	
Participant Birthday:	Personal Health Card Number:
Parent Email:	Participant email:

Medical Information for Participant	
Allergies:	Medication:
Does your child require an epi-pen?	Does your child take medication daily?

Emergency Contact Information In the unlikely event of an emergency, please tell us who we should contact ASAP.		
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 the Parent 1 and 2 names provided? Please provide a name: _____