



Child & Youth Participant/Volunteer Information	
<b>Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	<b>E-mail:</b>
<b>Gender</b> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> _____	<b>Age:</b>  <b>Birth date:</b>  <b>Health Card #:</b>

Guardian, Emergency, & Medication Information	
Emergency Contact #1	Emergency Contact #2
<b>Name:</b>	<b>Name:</b>
<b>Home Address:</b>	<b>Home Address:</b>
<b>Home Phone:</b>	<b>Home Phone:</b>
<b>Cell Phone:</b>	<b>Cell Phone:</b>
<b>Relationship:</b>	<b>Relationship:</b>
<b>Family Doctor:</b>	
<b>Please provide any additional information you think is important for us to know:</b>	

Medical Information		
<p><b>Allergies</b> Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>    Allergic to:</p> <p>    Anaphylactic? Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>    If yes, does child carry epipen, and where do they carry it?</p> <p>    Last use of epi (date):</p>	<p><b>Asthma</b> Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>    Aggravated by:</p> <p>    Carries a puffer? Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>    If yes, where do they carry it?</p> <p>    Last asthma attack (date):</p>	<p><b>Detailed notes on ANY medication(s) your child will have access to during program:</b></p>

Doctor Name:		Phone Number:	
Does your child have any conditions we should know about to better meet their needs?			
Hearing Speech	Emotional/Psychological Learning Visual	Intellectual (mental) Multiple disabilities Physical	ADHD/ADD Seizures Other
<b>Please provide any additional information that would be helpful for our staff team:</b>			

<b>IN CASE OF EMERGENCY</b>	
<p>It is our policy that we notify an emergency contact when your child is ill or needs medical attention.</p> <p>Occasionally we cannot reach either emergency contact and we need to get immediate help for your child. Our procedure is to call Emergency Services (911).</p> <p>Please sign the consent so that we can take appropriate action on your child's behalf.</p>	<p>I hereby give consent for my child, when ill/injured to be taken to the nearest emergency center by ambulance to receive treatment when the emergency contacts cannot be contacted.</p> <p>Date:</p> <p>Signature of legal guardian or parent:</p>

Form checklist:

- Media Release Form
- Waiver of Liability & Risk Acknowledgement