

**PARTICIPANT INFORMATION FORM**  
Skokie Park District

**CAMPOUT FOR KIDS!**

Emily Oaks Nature Center

YEAR: 20\_\_ SEASON: \_\_\_\_\_

*The following information is confidential and will be kept on file at the Nature Center.*

**Please mark a star (\*) next to a phone number at which a guardian can be reached during campout hours.**

<b>Participant's Name</b>			
Address		City	Zip
Birth Date	Age	Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Mother/Legal Guardian</b>			
Address			
Home Phone		Pager/Cell Phone	
Work Phone		Work Address/City	
<b>Father/Legal Guardian</b>			
Address			
Home Phone		Pager/Cell Phone	
Work Phone		Work Address/City	
Parents are: <input type="checkbox"/> living together <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> other:			
Child's Physician		Phone	
Does your child have any special needs? <input type="checkbox"/> yes <input type="checkbox"/> no Explain:			
Dietary restrictions? <input type="checkbox"/> yes <input type="checkbox"/> no Explain:		Does your child have allergies? <input type="checkbox"/> yes <input type="checkbox"/> no Explain:	
Are your child's immunizations up to date? <input type="checkbox"/> yes <input type="checkbox"/> no Explain:		When was your child's last tetanus shot? Explain:	
Fears/phobias? <input type="checkbox"/> yes <input type="checkbox"/> no Explain:		Is medication required during campout hours? <input type="checkbox"/> yes <input type="checkbox"/> no <i>If "yes" please complete Medical Consent Form.</i>	
Please rate your child's general health: <input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> poor			

**OVER**

**Participant's Name**

**EMERGENCY NUMBERS AND TRANSPORTATION AUTHORIZATION**

How will your child be transported to class?     WALK/BIKE     CAR     CARPOOL

*Please list those authorized to transport your child to and from class. In the event that someone who does not usually transport your child should arrive for pick-up, they will be requested to produce a photo ID before a child will be released. **Any person not listed below will not be permitted to transport your child from class without a written notice in advance.***

*The individuals listed below will also be contacted in the event of an emergency or illness if we are unable to reach you. If the individuals authorized to transport your child are different from those you would like us to contact in an emergency, please indicate this next to the individual's name.*

Name

Relation	Phone
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Name

Relation	Phone
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Name

Relation	Phone
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<b>Signature of Parent/Legal Guardian</b>	Date
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**AUTHORIZATION TO PARTICIPATE IN OUTDOOR ACTIVITIES**

*My child has my permission to participate in all outdoor activities at class. All outdoor activities will be scheduled on a daily basis, weather permitting, and will take place within the limits of Emily Oaks Nature Center. I understand that my child will be supervised and the safety rules will be enforced.*

<b>Signature of Parent/Legal Guardian</b>	Date
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