



SI VIEW METROPOLITAN PARK DISTRICT

## 2021 PARTICIPANT INFORMATION AND AUTHORIZATION FORM

Please print legibly in all sections. Sign and initial where indicated. Additional information may be required, including, but not limited to medical treatment, medication administration instructions and authorization, and special field trip permission. If there are any changes in the information provided, please contact a staff member to update. \*This information is considered confidential and is only used to help staff meet the needs of your child.

<b>Child's name (First, Last)</b>	<b>Date of Birth</b>	<b>2021-22 Grade</b>	<b>Gender:</b>
<b>Primary Residence (Street address, City &amp; Zip)</b>	<b>Email</b>		
<b>School</b>	<b>Program (i.e. Camp, After School Care, Dance, Karate)</b>		
<b>Parent/Guardian Name (authorized to pick up)</b>	<b>Parent/Guardian Name (authorized to pick up)</b>		
<b>Best Phone Number:</b>	<b>Best Phone Number:</b>		
<b>Emergency Contact Name &amp; Number:</b>	<b>Please specify others that are authorized to pick up:</b>		
<b>Family Physician &amp; Number:</b>			

Please make note of any behavioral challenges your child may have, and how these challenges are addressed.

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Does your child have any allergies or other pertinent medical information/Medications taken (must have medicine administration form on file):

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Please describe your child's swimming ability? Are there any limitations to your child's participation?

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*If there is insufficient room for information above, please contact a staff member.