

**Austin Families in Nature  
Participant Information  
2013/2014**

Name of Group or Group Leader \_\_\_\_\_

Parents Names \_\_\_\_\_

Children:

Name	Age	Birthdate	Grade	School
_____	___	_____	_____	_____
_____	___	_____	_____	_____
_____	___	_____	_____	_____
_____	___	_____	_____	_____

Family Address \_\_\_\_\_ Home Number \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parents' Cell Numbers \_\_\_\_\_

Parents' Emails \_\_\_\_\_

Allergies \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(include name of allergic individual, allergen, as well as severity of reaction and preferred treatment - do you carry an epi pen? Include foods, medications, and plants/animals/insects that might be encountered while outdoors. You do not need to include hay fever type allergies. )

Emergency Contact not travelling with you:

Name and phone number \_\_\_\_\_

