

Austin Families in Nature
Junior Ecologist Training for 5th – 10th Grade Students
Participant Information 2013/2014

Information:

Child's Name _____ Age _____ Birthdate _____ Grade _____ School _____

Parents Names _____
Who does the child live with? _____

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.)

Medical (are there any medical conditions that would limit the child's participation in any outdoor activities or any conditions that I should be aware of when taking the child out of town without his/her parents?)

Does the child take any medications regularly? If so, what medication, what is the medication for, does the school require the child to take the medication, and will the child be traveling with the medication?

Emergency Contact (not parents):

Name and phone number _____

Is there any additional information that you would like us to know?