

Charlottesville Parks & Recreation

Emergency Form

Participant Information

Participant Name:
DOB:
Current Grade in School:
Gender:
Address:

Family Information

Parent/Legal Guardian 1 Name:
Address:
Primary Phone:
Email:
Work Location:
Work Address:

Parent/Legal Guardian 2 Name:
Address:
Primary Phone:
Email:
Work Location:
Work Address:

Other Contacts

Emergency Contact 1 Name:
Address:
Primary Phone:
Email:

Emergency Contact 2 Name:
Address:
Primary Phone:

Email:

Pick-Up List

Pick-Up Contact:
Address:
Primary Phone:
Email:

Allergies

Allergies	Yes / No
Allergy type	
What happens if exposed to this allergen?	
Severity of the reaction?	
What should be done if exposed to this allergen?	
Emergency injection of epinephrine is required	Yes / No
Trace amounts ok?	
In baking ok?	
Additional information about member's allergies and intolerances	

History

Asthma	Yes / No
Seizures or Epilepsy	
Psychological Issues	
Emotional / Behavioral Issues	Yes / No
ADD/ADHD	
Details about medical conditions	

Please List Any Additional Info Below: