



## Participant Information

Indicate below any information you feel would benefit Carol Stream Park District staff. Lack of detailed information compromises the staff's ability to successfully accommodate your child. Carol Stream Park District is not responsible for any injuries, complications, damages or losses due to lack of information provided. Many resources and adaptations are available to assist your child; please keep us informed.

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

**ONE PARTICIPANT PER FORM**

Parent's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Are immunizations up to date?  Yes  No \_\_\_\_\_

### Allergies/Dietary Restrictions

### Medical Concerns & Medications

If your child has medication that may need to be administered by Carol Stream Park District staff or medication that may be self-administered (including asthma inhalers), a Permission to Dispense Medication Form must be completed.

### Behaviors, Fears & Miscellaneous

**Yes, child has special needs or need one-on-one assistance.**

If yes, provide details. Note that one-on-one aides must be requested at least two weeks in advance.

### Swim Permission

Complete the following to help us ensure your child's safety while swimming. Children listed as Swimmer or Unsure will be swim tested. To pass the swim test, participants must swim 25 yards unassisted in the deepest part of a pool. While visiting offsite pools, we will follow standards set for swimmers and non-swimmers by the facility.

**Non-Swimmer**

My child is only approved to swim in the **shallow end of any pool up to a maximum depth of 3' 6"**

**Swimmer**

My child can swim in **all pool areas**

**Unsure**

I am unsure if my child is a Swimmer or Non-Swimmer. They are permitted to go into areas listed for Swimmers dependent upon swim test results.

**Child Height** \_\_\_\_\_ Feet \_\_\_\_\_ Inches

Some activities limit children based on their height.