

 **CAROL STREAM** Park District
Forever Young

2024 – Cape Cod & Martha's Vineyard, MA
Emergency Information

Please complete both sides of this form and return to
Carol Stream Park District - 849 W. Lies Rd. - Carol Stream, IL 60188

In case of an emergency, it is very important for the Park District to have the following information. During our trips, your safety and health are our top priority. A new form (one per participant) must be completed for each overnight trip to keep our files updated.

PARTICIPANT CONTACT INFORMATION

Name: _____

Address: _____ City: _____

Zip Code: _____ Birthdate: _____

Home Phone: _____ Cell Phone: _____

Email: _____

EMERGENCY CONTACTS (Relatives, Neighbors, Friends who are NOT on the trip)

Name:	Phone:	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____

PHYSICIANS' CONTACT INFORMATION

Name:	Phone:	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE COMPLETE THE BACK OF THIS FORM

MEDICATIONS TAKEN REGULARLY (attach an additional document if more space is needed)

Medication Name:

Dosage Information:

CURRENT OR PAST MEDICAL CONDITIONS

ALLERGIES (to food, medications, etc.)

HOTEL ACCOMMODATIONS

_____ Double Occupancy _____ Single Occupancy

_____ One Bed _____ Two Beds

Roommate's Name (unless attending as a single): _____

Do you require any room or travel accommodations for accessibility purposes? ___Yes ___No

List your ADA accommodation requests: _____

Any additional room requests: _____

**Please note, we will do our best to secure your requests, but they are not guaranteed.*

Signature: _____

Date: _____