

Trip Name _____

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 _____ State _____ Zip _____

Cell Phone _____ Add'l Phone _____

Email _____ Birthdate _____

Emergency Contact *(relatives, neighbors, friends who are NOT on the trip)*

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Physicians' Contact Information

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Medications Taken Regularly *(attach an additional document if more space is needed)*

Medication Name _____ Dosage Information _____

Medication Name _____ Dosage Information _____

Medication Name _____ Dosage Information _____

Current or Past Medical Conditions

Allergies (to food, medications, etc.)

Hotel Accommodations Requests *requests are not guaranteed*

Name _____ Phone _____ Relationship _____

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 _____

Participants Name PRINT	
Participants Signature	Date MM/DD/YY