

PARTICIPANT INFORMATION SHEET

PARTICIPANT LAST NAME:	PARTICIPANT FIRST NAME:	DATE OF BIRTH:	GENDER:
<p>IS THERE ANYTHING THAT I SHOULD BE AWARE OF THAT WILL HELP ME BETTER SUPPORT YOUR CHILD? PLEASE PROVIDE AS MANY DETAILS AS POSSIBLE: please state if your child has allergies, asthma, had previous concussions, if they need epipens or inhalers or any other medical history that is important</p>			
<p>DOES YOUR CHILD HAVE ANY SPECIAL NEEDS OR REQUIREMENTS IN ORDER TO PARTICIPATE FULLY? PLEASE PROVIDE AS MANY DETAILS AS POSSIBLE: ie. Anxious characteristics, extremely shy, needs extra time to get comfortable.</p>			
Parent or Guardian Emergency Contact: Please have 2 numbers to call		CONTACT:	
NAME:		PHONE:	
		EMAIL:	
NAME:		PHONE:	
		EMAIL:	
IF REQUIRED, PHYSICIAN'S NAME:		PHYSICIAN'S CONTACT NUMBER:	