



# Participant Info

Please fill out this form so that we have the information on hand should the need arise.

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NAME OF PARTICIPANT

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HOME PHONE NUMBER

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CELL NUMBER \*

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EMAIL ADDRESS\*

In the event that we have to reschedule a program, we will need to contact you with the details. Would you rather be contacted via text  or email .

**EMERGENCY CONTACT INFO:**

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EMERGENCY CONTACT NAME

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EMERGENCY CONTACT PHONE NUMBER

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YOUR HEALTH CARD NUMBER

FROM TIME TO TIME WE MAY PROVIDE BAKED GOODS, SO PLEASE PROVIDE FOLLOWING INFO:

ALLERGIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DO YOU USE EPI PEN: YES / NO. If yes, EPI pen is carried by: \_\_\_\_\_

OTHER MEDICATIONS OR HEALTH CONDITIONS WE SHOULD BE AWARE OF:

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ARE YOU A VEGETARIAN? YES / NO

ARE YOU A VEGAN? YES/NO