



ROSELLE PARK DISTRICT

Participant Information Form Summer 2021 & School Year 2021-22

Participant's Name: _____ Birth Date: _____

Program Name: _____ Date(s): _____

School Attending 2021-22 School Year: _____ Grade for 2021-22 School Year: _____

Participant's Address: _____ Phone: _____

City, State, Postal Code: _____ Gender: Male Female

Doctor's Name: _____ Phone: _____

List the Parent/Guardian names in the order you wish to be contacted in the event of an emergency.

Name: _____ Relationship: _____ Cell Phone: _____

Name: _____ Relationship: _____ Cell Phone: _____

Preferred Email for Park District Communication (Required) _____

Additional Emergency Contacts and individuals authorized to pick up the participant.

(List three names not including the parents/guardians listed above.)

	Name	Relationship to Participant	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Describe any **current** health condition (e.g., food allergies, asthma) requiring medication, treatments, special restrictions or considerations during program hours. **(Note: Additional forms may need to be completed;** e.g., Allergy Action Plans must be completed for food allergies.)

Describe any other information (e.g., general temperament, legal considerations) about your child that our staff should know.

Does your child need any reasonable accommodation (e.g., additional assistance, program adaptations or a 1:1 companion provided by WDSRA), in accordance with the Americans with Disabilities Act, to fully participate in the program? Y N

If yes, please explain:

Does your child take medication during program hours? Y* N

***Complete a Medication Information form and a Permission to Dispense/Administer Medication and Waiver and Release of All Claims form.**

I have completed the Participant Information Form to the best of my ability. In the event of an emergency and that parents or a designated responsible adult cannot be reached, I authorize the Roselle Park District to send my child (properly accompanied) to the nearest hospital facility for emergency medical treatment.

Signature of Parent or Guardian _____ **Date** _____

If you have any questions or need further assistance, please reach out to the District's ADA Compliance Officer or the Superintendent of Recreation at (630) 894-4200