



Emergency Contact & Health Form

NAME OF PARTICIPANT

PROGRAM NAME & DATE(S)

Address

City

State

ZIP

Birthdate (Month / day / year)

Emergency Contact Information

Please do not list others participating in the same program as primary or backup emergency contacts. Be sure and list phone number where the person can be reached **during the program** (usually daytime phone or cell).

EMERGENCY CONTACT:

Relationship:

Phone:

ALTERNATE
EMERGENCY CONTACT:

Relationship:

Phone:

Swimming Ability [For canoe / kayak programs only]

Can you swim? Y / N

If YES, please honestly rate your skills as a swimmer: BEGINNER / INTERMEDIATE / ADVANCED

Medical Information

SPECIAL NEEDS. Are there any physical or medical conditions that will in any way limit your participation in this program? Y / N
If yes, please attach a separate sheet describing, including any special accommodations necessary. *Please note that it is your responsibility to supply any necessary medical equipment which relates to a specific medical condition.*

Permission to Secure Treatment

In the event of any emergency, I authorize the Lake County Forest Preserve District to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I understand that this authorization includes transporting me or my minor child/ward by ambulance if necessary to the nearest medical treatment facility or hospital if I am unable to be reached first.

SIGNATURE (PARENT OR GUARDIAN if under 18)

DATE

PRINTED NAME

Please complete one form per participant. **Bring your completed form with you on the date of the program.**