

A Day in the Park DEMOGRAPHIC SHEET

Name: _____ Preferred Name: _____ PHN: _____

Start Date: _____ Expected drop-off/pick-up Person: _____

DOB: _____ Age: _____

Medication at Program: yes no

If yes, identify type of medication, dosage, time

Medication Assistance Permission: yes no

ALLERGIES: yes no

Food: _____

(reaction & treatment) _____

Environment: _____

(reaction & treatment) _____

Medication: _____

(reaction & treatment) _____

Does your child carry and epi-pen?

yes no

If yes, please fill out our *Severe Allergy* form.

Does your child have a condition that could limit participation in our program?

yes no

If yes, specify condition and participation restrictions.

Parent/Guardian Information

Name(s): _____

Address: _____

Primary #: _____

Secondary #: _____

Email: _____

Emergency Contacts

Name: _____

Relation: _____

Primary #: _____

Name: _____

Relation: _____

Primary #: _____

Participant Pick-up

Please designate at least two contacts that are available during the program time and are authorized by the Parent/Guardian to pick up the participant.

Name: _____

Relation: _____

Primary #: _____

Name: _____

Relation: _____

Primary #: _____

Name: _____

Relation: _____

Primary #: _____

By signing you agree that the above information on this Demographic sheet is true, to the best of your knowledge.

Signature: _____

Date: _____

Updated Jan 2023