



Let's Play in the Park Participation Form

Revised: May 26, 2016

Participant Information:

First Name _____ Last Name _____
Home Phone # _____ DOB _____ Gender M / F
Address House # _____ Suite/Apt # _____
Street Name _____
City _____ Postal Code _____

Parent/Guardian (In Case of Emergency):

Name _____
Home # _____ Cell # _____
Name _____
Home # _____ Cell # _____

Life Threatening Allergies/Medications: City staff is not in a position to administer and/or maintain medications. City staff will assist in administering Epinephrine (only) in the case of Life-Threatening allergies and will call 911 immediately if they suspect a potentially life-threatening allergic reaction.

The following participant has a life threatening allergy:

Participants Full Name
(print): _____
This person has a potentially life-threatening allergy (anaphylaxis) to:

What medication do they use:

I agree that my child will carry two (2) doses of Epinephrine with them at all times, preferably in a waist pouch, and the child should be capable of self-administering the epinephrine.

Parent/Guardian Signature _____ Date: _____