

BYRON FOREST PRESERVE
MEDICAL FORM
(Please Print All Information)

Registrant's Name: Last _____ First _____ Nickname _____

If Minor, Guardians Phone #s:

1. _____ Relationship _____

2. _____ Relationship _____

Emergency Phone # _____ Name & Relationship _____

1. Does the registrant have any medical condition which could be aggravated by participation in outdoor activities? YES ___ NO ___
IF YES, please explain _____

2. Does the registrant have any allergies? YES ___ NO ___
IF YES, please explain _____

3. Does the registrant have any physical conditions that we should be aware of for participation in this program? YES ___ NO ___
IF YES, please explain _____

4. Physician's Name _____ Phone _____

5. Medical Insurance Co. _____ Insurance # _____

PICK-UP AUTHORIZATION FORM

For minors in our programs, ONLY authorized persons stipulated on this form may pick up the minor. Verbal messages from the minor are not acceptable; written authorization is acceptable.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____