

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 \_\_\_\_\_