



Participant Information Form

Participant Name: _____

Is the participant allowed to leave independently at the end of the session? Yes No

If the participant is being picked up by someone who is not his or her emergency contact, who will it be?

Name: _____

Relationship: _____

Daytime Phone Number: _____

Secondary Phone Number: _____

Special Considerations (allergies, learning needs, etc.):

Emergency Contact Information:

Name: _____

Relationship: _____

Daytime Phone Number: _____

Secondary Phone Number: _____