



**Information Form**

Today's Date: \_\_\_\_\_

**Participant Information**

Full Name: \_\_\_\_\_  
*Last* *First* *Birthdate*

Residence Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School or Work Name: \_\_\_\_\_

Dietary Restrictions? YES  NO  Details: \_\_\_\_\_

Seizures? YES  NO  Details: \_\_\_\_\_

**Parent/Guardian Information**

Name: \_\_\_\_\_  
*Last* *First*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last* *First*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Medications to be aware of:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any other concerns?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_