



While we do not anticipate any problems and are doing everything possible to ensure a safe and enjoyable experience, we want to ensure that we have the appropriate information for those “just-in-case” situations. Please provide the following:

Student Information:

GEMS Student Participant’s Full Legal name: _____

Nickname (if applicable): _____

Parent or Guardian Information:

Contact #1

Name: _____ Relationship to Student: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone#: _____ Other contact phone #: _____

Contact #2

Name: _____ Relationship to Student: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone#: _____ Other contact phone #: _____

Additional Student Information:

I have the following allergies: _____

I will be taking the following medication during the day (please include things such as allergy or asthma medication, ADHD medication, etc): _____

I carry the following medication with me for “just-in-case” situations (this would include medications such as an inhaler or EpiPen): _____
