



Environmental Institute of Houston

Environmental Education Program Participant Information Form

This form is necessary for all attendees.

Event: _____

Date(s): _____

Attendee's Name: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Work / Cell Numbers: _____

Emergency Contact: _____ Relationship to Attendee: _____

Phone Number: _____ Secondary Phone Number: _____

Insurance Provider: _____ Policy #: _____

Allergies: (medication, food, etc.) _____

Medical Conditions: (diabetes, asthma, etc.) _____

Medications currently being taken: _____