



Refuge Junior Naturalist

Texas Mid-Coast National Wildlife Refuge Complex

Participant Data and Parental Form



Youth Information	T-shirt Size: ___ S ___ M ___ L
First Name: _____	Last Name: _____
Date of Birth: _____	
Address: _____	
City: _____	State: _____ Zip Code: _____
School Attending _____	

Emergency Contact Information
Parent/Guardian Name: _____
Daytime Phone Number: _____ Cell Phone Number _____
E-mail Address: _____
Parent/Guardian Name: _____
Daytime Phone Number: _____ Cell Phone Number _____
E-mail Address: _____
Other Emergency Contact:
Name: _____
Daytime Phone Number: _____ Cell Phone Number _____
Relationship: _____

Allergies: Please list any allergies

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Medical Conditions: Please describe any medical conditions or special considerations that program leaders should be aware of.

Other Notes as Needed

Parental Permissions and Certifications

I understand that the Refuge Junior Naturalist Program at Texas Mid-Coast National Wildlife Refuge Complex is a pilot program funded by the U.S. Fish and Wildlife Service with activities conducted by U.S. Fish and Wildlife Service staff and volunteers or staff and volunteers of partner organizations.

As a pilot program, I understand that my child and I will be asked to fill out separate program evaluation questionnaires at the end of program. I grant permission of my child's 2013/2014 school year teacher to complete a questionnaire about my child's in-class nature and science interest and activities that may have been impacted by participation in this program.

I will guarantee timely return of packs, flash drives, and other equipment checked out to my child while participating in this program.

I grant permission of program and activity leaders to administer basic first aid to my child if needed and grant permission for my child's use of insect repellent, sun block, or other preventative measures. Emergency contact information will be given to activity sessions leaders, but in the event of illness or injury I give permission for my child to be transported to the nearest medical facility.

Signed: _____ Date: _____
Parent or guardian.

Print Name: _____