



Visually Impaired Program (VIP) Information Form

This form must be completed and filed with the Alamance Parks office prior to participation in any program. This form contains important information which is necessary for Alamance Parks staff to plan and execute safe and enjoyable programs. **Please complete all information.** Thank you!

PARTICIPANT INFORMATION

Date Completed: _____ Are you new to VIP? ☐ Yes ☐ No Participant is own guardian: ☐ Yes ☐ No

Participant Name: First: _____ Middle: _____ Last: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

T-Shirt Size: Adult: ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL Child: ☐ S ☐ M ☐ L ☐ XL

Vision: ☐ Totally Blind ☐ Legally Blind

Accommodation Needed for Inclusion:

CONTACT INFORMATION (if not legal guardian)

Parent/Guardian Name: _____ Relationship to Participant: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

EMERGENCY CONTACT INFORMATION

Contact Name: _____ Relationship to Participant: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Select: ☐ Home ☐ Work ☐ Cell

ALLERGIES

☐ Food allergies: _____ Reaction: _____

☐ Medication allergies: _____ Reaction: _____

☐ Other allergies: _____ Reaction: _____

Does participant carry/use an EpiPen? ☐ Yes ☐ No

Please continue on next page.

Please list all medications participant takes (if more than three, please attach list):

Medication Name	Dosage	Time	Purpose

ADDITIONAL INFORMATION

Please share any additional information you feel is helpful:

I grant photo permission for participant's picture to be taken and used in Alamance Parks publications.

☐ Yes ☐ No

Participant is independent and does not require supervision at conclusion of program/drop-off.

☐ Yes ☐ No

Signature of Participant/Parent/Guardian

Date

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I authorize Alamance Parks to arrange for emergency medical treatment, in the event of injury to participant and in the event that I or my designated emergency contact cannot be reached.

Signature of Participant/Parent/Guardian

Date

Questions? Contact Mackenzie Barrier at (336) 570-6760 or mackenzie.barrier@alamancecountync.gov