



ANCESTRAL KNOWLEDGE

PASSING ON ANCIENT LIFE WAYS

PO BOX 6 • Brentwood, MD 20722 • Phone: (240) 832-5435 • www.ancestralknowledge.org

**NOTE ALL PARTICIPANTS HAVE TO COMPLETE THIS FORM**

**FIELD FORM**

Participant name: \_\_\_\_\_  
*Last First Middle Initial*

Participant age during program: \_\_\_\_\_ Gender \_\_\_\_\_ Program Location \_\_\_\_\_

**Emergency Contact Information - Emergency Phone**

Parent/guardian: (phone 1) \_\_\_\_\_  
*Full Name Contact*

Parent/guardian: (phone 2) \_\_\_\_\_  
*Full Name Contact*

Parent/guardian Email: \_\_\_\_\_

**Backup Emergency Phone Number:**

(Name/Phone) \_\_\_\_\_ (Name/Phone) \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical conditions, information, or medications \_\_\_\_\_

\_\_\_\_\_

Dietary needs: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

\_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**KNIFE SAFETY PERMISSION FORM**

I hereby give permission for my child and/or guarantor to use a knife under the supervision of Ancestral Knowledge staff during programs. I am aware of the risks involved and understand that reasonable care will be taken to ensure my child's safety.

Participant Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_