

**Attendance Register**

Held by \_\_\_\_\_

*(One person should be responsible for signing in and out participants)*

***(Confidential – not to be posted publicly)***



Attendance Register

Name	Contact	In	Out	Est. Return	In	Out	Parent/Guardian	Emergency Contact	Address	Medical Needs
(Full)	(Phone)			(Time)			(First Name)	(Phone)		(summary)
#										<b>15</b>

<b>Pos. medical abbreviations to use</b>	Ep = Epilepsy	As = Asthma	Pk = Pain Killers	Bu = Bulimia
	Dp = Depression	Bi = Bi-Polar	Px = Prescription	St = Stomach
	Mi = Migraines	Ad = ADHD	An = Anorexia	Ey = Eye Prob

