

Personal Medical Information and Emergency Contacts

Name of participant: _____

Please list:

- Any prescription or over-the-counter medications currently being taken:

- Any known allergies, medicinal or environmental:

- Any chronic or recurring illnesses or conditions:

- Any additional information pertaining to the health, safety, or enjoyment of the participant:

Emergency Contact Information

Name: _____ Phone Number: _____

Relation: _____ Secondary Phone Number: _____

Name: _____ Phone Number: _____

Relation: _____ Secondary Phone Number: _____

I certify that, to the best of my knowledge, all of the above is true.

Signature of custodial parent or guardian: _____