

# Emergency Contacts & Personal Medical Information

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:

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## Emergency Contact Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relation: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relation: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

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

Signature of custodial parent or guardian: \_\_\_\_\_