

Emergency Medical Information

Student Name: _____ Male/Female: _____ Date of Birth: _____

Student cell phone: _____ Student Email: _____

Parent/Legal Guardian: _____

Cell Phone: _____ Email: _____

Address: _____

Participant's Insurance Company: _____

Policy Type: _____

Policy#: _____

Physician Name and Phone Number: _____

Will Participant be bringing any prescription medication to Challenge? _____

What kind and for what condition? _____

Date of last tetanus shot (will be administered by emergency care if more than 10 years ago): _____

List any known allergies and reactions: _____

List any known medical conditions or recent illnesses and describe:

Emergency Contact (Other than Parent/Legal Guardian): _____

Relationship to Participant: _____

Cell Phone: _____

E-Mail: _____