



## Participant Emergency Medical Information

This information may be used for more than one outing. You must inform the activity leader if any of this information changes from outing to outing.

1. Participant's Name: \_\_\_\_\_

Parent's/Guardian's Name (of minor participant) \_\_\_\_\_

Address: \_\_\_\_\_

Parent's/Guardian's Phone \_\_\_\_\_ Date completed \_\_\_\_\_

2. **Allergies** to drugs, foods, insect bites, etc.:

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3. List all **medications** for which the participant currently holds a prescription and indicate which ones the participant will be taking during outing(s):

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4. List all **medical conditions** of which the activity leader should be aware or which may affect the participant's ability to participate in activities (such as asthma, heart disease, diabetes or neuromuscular or skeletal impairment):

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