

# EMERGENCY CONTACT & MEDICAL INFORMATION FORM

## EMERGENCY CONTACT

**Primary Emergency Contact Name:**

\_\_\_\_\_ **phone** \_\_\_\_\_

**Relationship to Participant:** \_\_\_\_\_

**Participant Address** \_\_\_\_\_

\_\_\_\_\_

## MEDICAL INFORMATION

**Please provide any information that may be important in an emergency or during participation in outdoor activities:**

**Known medical conditions:**

**Allergies (medications, food, environmental, etc.):**

**Other:**