



Medical Information Form

The completion of this form is optional; however, please note that in the case of a medical emergency **this information would be critical** to ensure that you receive the most appropriate medical care.

Attendee First Name _____ Last Name _____

Age _____

Name of Emergency Contact _____

Emergency Contact Phone Number _____

Alt. Phone Number _____

Allergy Questions

Do you have any allergies? Yes No

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|-----------------------|--|
| Medication Allergies? | |
| Food Allergies? | |
| Other Allergies? | |

General Health Questions

Do you have any ongoing medical conditions? Yes No

Please specify below and check all that apply.

- Asthma
- Diabetes
- Seizures
- Heart Condition
- High Blood Pressure

Other medical condition? _____

Have you been hospitalized in the last year? Yes No

If yes, for what? _____

