

# Medical Information

Climbing for Life

Participant Name

Address

City

State

Home phone

Work phone

Date of Birth

Gender

**Who to contact in case of emergency**

Name

Phone

**Do you have any Medical conditions ?**      *yes*                      *no if yes explain (circle one)*

**Do you have any allergies?**                      *yes*                      *no if yes explain (circle one)*

**Are you taking any medicines?**                      *yes*                      *no if yes explain (circle one)*

**Do you have any dietary restrictions?**                      *yes*                      *no if yes explain (circle one)*

**Shoe size (to be filled out by youth participants only)** \_\_\_\_\_

**Do you carry any medical insurance?**      *yes*                      *no if so, insurance company or provider*

Signature

date