ELLIOTS BRIDGE

# Medical & Emergency Form

**Name:**_____

## Emergency Contact Information

- In Case of Emergency, Contact:

_____

- Relationship to Participant:

_____

- Phone Number (Emergency Contact)

_____

## General Health & Medical History

- List of any medications you are currently taking:

_____

_____

- Any Allergies to medications and food:

_____

- Do you have any physical limitations? (Example: Lifting restrictions)

_____

- **Generally, my health is:**
  _____ Excellent
  _____ Good
  _____ Fair
  _____ Poor

- Chronic Medical Conditions or difficulties that the Team Leader needs to be aware of (e.g., Diabetes, Asthma, Seizures, etc.):

  _____

  _____

  _____

**This information is complete to the best of my knowledge.**

**Signature:**_____ **Date:**_____

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