Participant Information Form

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home phone: ( ) _____ Cell: ( ) _____

E-mail address: _____ **Date of Birth:** _____

Trip(s) you are interested in: _____

Primary Emergency Contact: _____ **Relationship:** _____

Home: ( )_____ Work: ( )_____ Cell: ( )_____

Secondary Emergency Contact: _____ **Relationship:** _____

Home: ( )_____ Work: ( )_____ Cell: ( )_____

Medical Insurance: ☐ None

Company Name: _____

Policy Number: _____ Contact Phone Number: _____

Allergies: ☐ None

Include allergies to medicines, foods, insect bites and stings, animal and environment (dust, pollen, mold, etc.)

Allergy	Reaction	Medication Required (if any)

Medications: ☐ None

Please list all prescription, over-the-counter, and natural medications you are taking. ***Use a separate sheet if necessary.***

Medication Name	Dosage	Frequency	Side Effects (known & potential)	Reason for Taking

Tetanus: It is strongly advised that you are inoculated against this fatal disease and you obtain a booster within every 10 years. The date of your most recent tetanus inoculation or booster: _____/_____/_____

****** Please notify your trip leader immediately if any information on this form changes. ********

Signature (required): _____ **Date:** _____/_____/_____