

HACK THE FUTURE REQUIRED MEDICAL INFORMATION SHEET

HTF# _____

DATE _____

PRINT PARTICIPANT NAME _____

PRINT PARENT/GUARDIAN NAME _____

Does the Participant (or Minor Participant) have any physical condition which may affect their safety or health while engaging in the activity? **YES NO**

If yes, please explain:

Please list any medications that the Participant (or Minor Participant) is presently taking (including regularly taken over the counter medication):

Please note any history of serious illness (diabetes, epilepsy, heart condition), previous injuries, or allergies (foods, hay fever, bee stings, medication):

Do you carry medical insurance? **YES NO**

Insurance provider: _____ Medical #: _____

Emergency Contact Name: _____ Phone () _____

Alternate Emergency Contact Name: _____ Phone () _____