



# DIRTBAG CLIMBING CORP.

## MEDICAL INFORMATION FORM

I, ..... acknowledge that this information is being gathered for the wellbeing and safety of my child during activities facilitated by Dirtbag Climbing Corp. I am only giving information that I feel comfortable sharing.

INITIAL

Participant's full name

Date of birth

Age

### Important Information

Allergies

Medications

Pertinent physical or psychological conditions

Medical insurance number/carrier

Family doctor - if applicable

Space to elaborate

Is there any other information that would help us work with your child?

Emergency Contact #1

Name  
Phone

Emergency Contact #2

Name  
Phone