

**Natural Selection Adventure Racing
PARTICIPANT MEDICAL INFORMATION FORM**

Please provide the following information in case you require any medical attention during the race.

1. Are you currently taking any medications? If yes, please specify the types and amounts you take:

2. Are you allergic to any medications? If yes, please specify:

3. Please list any other allergies you have (i.e. food, hay fever, insect bites/stings, peanuts etc.) and if you are currently being treated for them, or carry an epi pen:

4. Have you been treated for any other serious illnesses or injury within the last three years? If yes, please describe:

5. Do you wear eyeglasses or contact lenses? _____

6. Is there anything else pertaining to your health that we should know about?

7. Who should we contact in case of an emergency?

Name: _____ Phone Number: _____

Address: _____ Relationship: _____

I hereby certify that the above information provided on this form has been completed to the best of my knowledge.

Name (please print): _____

Team Name: _____

Signature: _____

Date: _____

EACH PARTICPANT MUST COMPLETE THIS FORM