

**HERO'S JOURNEY CONTACT AND MEDICAL INFORMATION FORM**

Name:

Phone Number (cell and home):

Date of Birth:

Contact Person #1:

In case of emergency, please contact:

Contact Person #2

In case of emergency, please contact:

Allergies to Medications:

Allergies (other, incl. food, plant or insect):

Are you currently experiencing any health issues?

Are you currently taking any medication? If yes, please list:

Name of medication - Reason for medication – Dosage:

Have you been hospitalized in the past year? For what condition(s)?