



Emergency Contact and Medical Information

Complete all sections of the form and sign where indicated. Then, return the completed form

The form must be received prior to the event. Questions? Contact SPachuta@mtsd.us

You may fill out this form and submit it via email or have it with you on the morning of the event

Scan and send to: spachuta@mtsd.us

Section 1: Participant Information

Name: _____ Date of birth: _____ Age: _____ Gender: _____

Home Address: _____

Section 2: Parent/Legal Guardian Personal Info

Parent/Legal Guardian #1

Name: _____ Date of Birth: _____

Home Address: _____

☐ Same as Participant

Phone Number (for contacting during the hackathon): _____

Parent/Legal Guardian #2

Name: _____ Date of Birth: _____

Home Address: _____

☐ Same as Participant

Phone Number (for contacting during the hackathon): _____

Section 3: Additional Emergency Contacts

Contact Name: _____ Relationship: _____

Phone Number (for contacting during the hackathon): _____

Contact Name: _____ Relationship: _____

Phone Number (for contacting during the hackathon): _____