

Medical Information Form



This form provides rescue personnel at the racetrack with your medical information should you incur personal injuries or suffer from an illness while participating in the event. After the event, your envelope will be properly disposed of.

Seal this form in a business envelope labeled with your name and submit it at registration.

CONTACT INFO

Name _____

Address _____

Phone _____ (home) _____ (work) _____ (cell)

Your Physician(s) _____

Physician's phone _____

Emergency contact _____ Is this person at the track? _____

Emergency contact address _____

Emergency contact phone _____ Relationship _____

MEDICAL INFO

Date of birth _____ Blood type _____

Medications now using :

Ailment(s) medication is for:

Allergies to EMERGENCY medications:

I hereby certify that the above information is true and accurate. I grant permission to my physician(s) and any hospital or institution that has treated me to furnish my medical information to rescue personnel and/or other physicians or hospitals providing medical treatment to me as a result of an incident at this driving event.

Date: _____ Signature: _____