



MEDICAL INFORMATION FORM

Please complete all information on this form and use the reverse side for any additional personal medical information that you feel may be important.

This information is voluntary, but the form must be turned in with a minimum of your name and emergency contact. However you are encouraged to complete as much as possible in case of emergency during the event. Due privacy laws, **Please fill out and put in an envelope with your name on it and seal the envelope.** Please hand to the eventmaster or to the registration staff. You may pick up the envelope at the end of the event otherwise this information will be destroyed after the event. This envelope will be opened only in case of emergency.

Name: _____ Blood Type: _____ Age: _____

Allergies: _____

Current Medications: _____

Check any of the following that are pertinent (Use extra space for further description)

Contact Lenses: _____ Dentures: _____

Asthmatic: _____ Diabetic: _____

Epileptic: _____ Cardiac: _____

List other pertinent health conditions, special instructions or other information:

In Case of Emergency, notify: _____

Relationship to Driver: _____

Emergency Phone #: (____) _____ - _____

Is this person at this event? _____

Family Doctor: _____

Phone #: (____) _____ - _____

Signature: _____

Date: _____

Event Name: _____