



Audi
Club North America
Glacier Lakes



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 could be in your best interest if needed. Please fill out and put in an envelope and seal. Please hand to the Event-master 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.

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: _____ Epileptic: _____

Diabetic: _____ Cardiac: _____

List other pertinent health conditions or information:

In Case of Emergency, notify _____

Emergency Phone #: (____) _____ - _____

Is this person at this event? _____

Family Doctor: _____

Phone #: (____) _____ - _____

Signature: _____

Date: _____

Event Name: _____