



Medical Information

CAR # _____

Please fill out this form in the event of an emergency. This information will be used in the event of an emergency where you are unable to provide it to the medical personnel.

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Your name	Emergency contact
Address	Address (if different)
Phone	Phone (if different)

Is this person at the event? yes no

If no please provide name of a person you know at the track this weekend

Your age? _____ Social Security number _____ Health Insurer _____

Are you allergic to any medication(s)? _____

What medications do you take on a daily basis? _____

Do you have any current medical problems requiring a physician's care? _____

Have you had any surgery in the past 5 years? _____

Date of last tetanus booster? _____ Do you wear contact lenses? _____

Name and phone number of your personal physician? _____

Anything else you would want the people caring for you in a potentially life threatening situation to know? _____

Blood Type _____