



5. Appendix A --- 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. Items listed in **BOLD** are requested with the remainder being voluntary (could be in your interest if needed).

Please fill out and put in the enclosed envelope and seal. **On the outside of the envelope, please clearly right your name, run group and car number clearly.** Please hand to the Event Master or to the EMT/Ambulance. 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: _____

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 or information:

**In Case of
Emergency notify:**

Emergency Phone #:

Is this person at the track during this event? (check one) Yes No

Family doctor:

Phone:

Event Name:

Event Location:

Signature:

Date:
