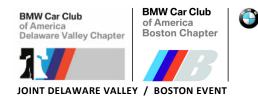
Medical Information Form

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 me	edications:		
l here	by certify that the above info	ormation is true and acco	urate. I grant permission to my physician(s)	and any
-		•	edical information to rescue personnel and/os a result of an incident at this driving event.	or other
Date:_		_Signature:		

Medical Information Form