

MEDICAL INFORMATION

Please fill in the information below, place in a sealed envelope and write your name on the front of the envelope. The envelope will be opened only in case of emergency. If desired, you may pick up the envelope after your last track session. Any envelope not claimed after the event will be destroyed.

This information is strictly confidential.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Medical information:

Social Security number	Date of Birth	Age	Contact lenses?	Blood type and RH
Health Insurance Company	Policy number		Date of last tetanus booster	
Name of your personal physician			Phone number	
Allergies				
Current medications				
Medical conditions under a physician's care				
Surgeries in the last five years				
Anything else you want the people caring for you in a potentially life-threatening situation to know				

Emergency Contact

Name		Address (if different)		
Phone (if different)		City	State	Zip
Relationship	Is this person at the event?	If not, name of a person you know at the track this weekend (very important!)		