



MEDICAL INFORMATION FORM

Completion of this Form is required for every student and instructor in a High Performance Driving Event. The information on this form will enable rescue personnel to have your medical information readily available should you incur personal injuries or suffer from an illness while participating in the event. You must strictly follow the instructions below and complete this form accurately. After the event your envelope and its contents will be shredded.

INSTRUCTIONS:

- 1. This form must be submitted at Registration prior to commencement of the event; and*
- 2. This form must be submitted in a sealed envelope with your name and year, make and model of your car printed clearly on the front.*

Event Date: _____ Event Location: _____

Your Name: _____ Date of Birth: _____

Your Address _____

Your Phone _____ (home) _____ (mobile)

Medical Information

Personal Physician's Name: _____ Phone: _____

Current Medical Conditions _____

Current Medications _____

Your Blood Type _____ Drug Allergies: _____

In Case Of Emergency, Contact

Contact Name: _____ Phone: _____

Address _____

Relationship to you _____ Is this person at the event? _____

I hereby certify that the above information is true and accurate. Also, I hereby grant permission to rescue personnel to furnish my medical information to any other medical personnel, care giver, physician(s) and any hospital or institution treating as a result of any incident in the driving event referenced above.

Date: _____ Signature: _____