



Racer Emergency Contact and Medical Information

Name		Date of Birth	M	F
			Sex	
Home Phone	Work Phone	Social Security		
Address				
City, ST ZIP Code				

Emergency Contacts

Primary Emergency Contact	Phone
Address	City, ST ZIP Code

Medical Information

Medications (use back for more)	Allergies	Age	Weight	Blood type
Physician's Name		Phone Number		
Insurance Company		Policy Number		

Health Considerations

I authorize all medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics and waive my right to informed consent of treatment. This waiver applies only in the event that neither spouse nor next of kin can be reached in the case of an emergency.

Participant Signature	Date
Witness Signature	Date