



**2021 Racer Medical Information**

<hr/> <b>Drivers Name</b>	<hr/> <b>Date of Birth</b>
<hr/> <b>Home Phone</b>	<hr/> <b>Cell Phone</b>
<hr/> <b>Address</b>	<hr/> <b>City, State and Zip Code</b>
<hr/>	<hr/>

M    F  
Sex

**Emergency Contact**

<hr/> <b>Primary Emergency Contact</b>	<hr/> <b>Phone</b>
<hr/> <b>Address</b>	<hr/> <b>City, ST ZIP Code</b>

**Medical Information**

<hr/> <b>Medications (use back for more)</b>	<hr/> <b>Allergies</b>	<hr/> <b>Age</b>	<hr/> <b>Weight</b>
<hr/> <b>Physician's Name</b>	<hr/> <b>Phone Number</b>		
<hr/> <b>Insurance Company</b>	<hr/> <b>Policy Number</b>		
<hr/> <b>Health Considerations</b>			

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.

<hr/> <b>Participant Signature</b>	<hr/> <b>Date</b>
------------------------------------	-------------------