



2023 Racer Medical Information

_____	_____	M	F
Drivers Name	Date of Birth	Sex	
_____	_____		
Home Phone	Cell Phone		
_____	_____		
Address	City, State and Zip Code		
_____	_____		

Emergency Contact

_____	_____
Primary Emergency Contact	Phone
_____	_____
Address	City, ST ZIP Code

Medical Information

_____	_____	_____	_____
Medications (use back for more)	Medication Allergies	Age	Weight
_____	_____	_____	_____
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