Southern California Timing Association

Medical Information

Entry No._____

Name _____ Date of Birth _____

Address _____

City _____State _____ZIP_____

Check one	No	Yes
Contact lens		
Dentures		
Asthmatic		
Diabetic		
Pace Maker		
Epileptic		
Hemophiliac		
Hearing Impaired		
Hypertension		
Pregnant		
Allergies If Yes, Please list		

Support Crew at Event

Name _____ Phone_____

Name _____ Phone_____

Name _____ Phone_____

Insurance No____ Yes___ If yes, complete below

Carrier_____ID No._____

Group _____ Subscriber_____

Emergency Contact

Name_____ Relation: _____

Phone _____ 2nd Phone _____

Alternate Contact Name _____ Phone_____

Medical Information

Physician:_____ Phone _____

Date of: Last Tetanus shot _____ Last Exam _____

Prescription Medication Please list_____

Allergies to medications _____

Past surgical history:_____

Other Medical Issues: Check all that apply

Insulin Dependent Diabetic		Blood problems – anemia		Other special needs -List
Heart Disease		Blood problems - clotting difficulties		
High Blood Pressure		Musculoskeletal problems		
Respiratory Problems		Malignancy		
Previous head injuries		Seizure disorder		

Authorization for Emergency Care: In case of an emergency, wherein I am incapable of giving consent due to illness or injury, I authorize any qualified person to administer first aid and/or other necessary treatment. I further authorize any licensed surgeon to perform life-saving surgery, if the need for surgery is agreed upon by two (2) physician's judgment.

Signed_____ Date_____