



MOTOR CITY CHAPTER MEDICAL INFORMATION FORM

Please fill out this form as close to the day of registration as you can. Place it in a sealed letter sized envelope with your name printed on the outside in large letters. This information will only be used in the case of a situation where you are unable to provide it to the medical personnel. Otherwise it will be destroyed after the driving event.

Driver's Name: _____ Age: _____

Emergency Contact: _____ Is this person at this event? Y N

Phone number of Emergency Contact: _____

Other person at the event to notify: _____ Phone number _____

Current medical conditions: _____

Current medications: _____

Drug allergies: _____

Name of driver's personal physician: _____

Physician's phone number: _____

Anything else you would want the people caring for you in a potentially life-threatening situation to know?
