

Medical Information Form



- Fill out and **SIGN** the form, and seal it in a #10 business envelope.
- Write **your name AND name and number** of an emergency contact on the *outside of the envelope*.
- Write on the envelope whether you wish the form to be "RETURNED" or "DESTROYED" at the end of the event. All unclaimed envelopes at the end of the event will be destroyed.
- Submit the sealed envelope when you check-in at the event.

Name _____

Address _____

Phone (H) _____ (W) _____ (Mobile) _____

Date of Birth _____ Age _____

Physical / Health Information (For emergency treatment, if necessary)

Drug Allergies: _____

Physical Limitations: _____

Medications (name/dosage; use back if necessary): _____

In case of emergency, notify: _____ relationship _____

Phone (H) _____ (Work) _____ (Cell) _____

Address _____

Is this person at the event? Yes No

By law, GVC is not permitted to distribute this information unless authorized to do so by the signee. It is solely for use at the event by emergency personnel.

Signature: _____ Date: _____