

## Medical Information Form

This form provides rescue personnel at the racetrack with your medical information should you incur personal injuries or suffer from an illness while participating in the event. After the event, your envelope will be properly disposed of.

BMW Car Club  
of America  
White Mountain Chapter



JOINT WHITE MOUNTAIN / BOSTON EVENT

BMW Car Club  
of America  
Boston Chapter



Seal this form in a business envelope labeled with your name and submit it at registration.

### CONTACT INFO

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

Your Physician(s) \_\_\_\_\_

Physician's phone \_\_\_\_\_

Emergency contact \_\_\_\_\_ Is this person at the track? \_\_\_\_\_

Emergency contact address \_\_\_\_\_

Emergency contact phone \_\_\_\_\_ Relationship \_\_\_\_\_

### MEDICAL INFO

Date of birth \_\_\_\_\_ Blood type \_\_\_\_\_

Medications now using :

\_\_\_\_\_

Ailment(s) medication is for:

\_\_\_\_\_

Allergies to EMERGENCY medications:

\_\_\_\_\_

I hereby certify that the above information is true and accurate. I grant permission to my physician(s) and any hospital or institution that has treated me to furnish my medical information to rescue personnel and/or other physicians or hospitals providing medical treatment to me as a result of an incident at this driving event.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_