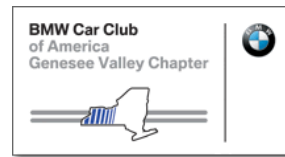


Genesee Valley & Boston Chapters

Medical Information Form

- **Fill out** and **SIGN** the form.
- Bring with you and **submit the form at event Check-in.**



Name (print): _____

Address: _____

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

Date of Birth _____ Age _____

Emergency Contact: _____ Relationship: _____

Phone (H) _____ (Work) _____ (Mobile) _____

Is this person at the event? YES NO

Guest ride car number:

This information is solely for use at the event by emergency personnel. By law, we are prohibited from distributing this information unless authorized in writing to do so. Your signature below indicates your consent.

Signature: _____ Date: _____

Physical/Health Information (for emergency treatment)

Drug Allergies: _____

Physical Limitations: _____

Medications (name, dosage; use additional form if necessary):

Name	Dosage
