

MANDATORY FORM

Windy City BMW Medical Form

This is a requirement

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?
