

DRIVER EMERGENCY MEDICAL INFORMATION

(to be completed by all race entrants and mailed to Road America
Attn: INTL Challenge PO BOX 338 Elkhart Lake, WI 53020)

Driver (Last Name, First Name): _____

Age: _____ Date of last tetanus vaccine: _____

Dentures: _____

Contact Lenses? _____

Current medications _____

Allergies? (please list) _____

Medical conditions? (please list) _____

Medical Insurance Carrier/Policy Information: _____

IN CASE OF EMERGENCY, NOTIFY: _____

Address _____

Phone _____ Relationship _____

Will the Emergency person listed above be with you at Road America? YES or NO