UPPER MIDWEST VINTAGE RACING SERIES

CAR # _____

Emergency/ Medical Info

Name _____ Address _____
Phone # (____)_____ _____
Cell # (____)_____ DOB ___/____/_____
Email_____

Allergies _____ ( ) None
Medications _____ ( ) None
Family Physician _____ (____)_____
Hospital Choice _____

Pre-Existing Conditions

( ) Blood clotting issues
( ) Diabetes
( ) High Blood Pressure
( ) Pacemaker
( ) Stroke
( ) Concussion
( ) Heart Disease
( ) Lung Disease
( ) Seizures
( ) Other _____

EMERGENCY CONTACTS

Contact 1

Name _____ Relationship _____
Cell # (____)_____ Home # (____)_____

Contact 2

Name _____ Relationship _____
Cell # (____)_____ Home # (____)_____

This information will be kept confidential and will be available to **ONLY EMERGENCY PERSONNEL.**