



NEW HAMPSHIRE

MOTOR SPEEDWAY®

2012 Medical/Emergency Contact Form

Last Name: _____ First Name: _____ MI: _____

Physical Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____ Blood type: _____ Last Tetanus Shot: _____

Allergies: _____

Regular Medications: _____

Medical Problems: _____

(Heart disease, high blood pressure, kidney disease, diabetes, etc.)

Please list all major surgeries in the past 5 years: _____

Please circle all that apply: Contact Lenses Glasses Dentures Other: _____

Are you an organ donor? YES NO Specific Organs? _____

Do you have medical insurance? YES NO

If yes, please complete the following:

Company Name: _____ Policy No.: _____

Emergency Contact:

Last Name: _____ First Name: _____ MI: _____

Physical Address: _____

Mailing Address: _____

Relationship: _____

Will he/she be at track? YES NO