



CAR #:

(For Official Use Only)

## 2018 Medical & Emergency Contact Form

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

Physical address: \_\_\_\_\_

Mailing same as physical? Yes OR No

Mailing address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Last Tetanus shot: \_\_\_\_\_

Allergies: \_\_\_\_\_

Regular medications: \_\_\_\_\_

Medical problems: \_\_\_\_\_

(Example: 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 OR No Specific organs? \_\_\_\_\_

Do you have medical insurance? Yes OR No

If yes company name: \_\_\_\_\_ Policy #: \_\_\_\_\_

### Emergency contact:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

Physical address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ secondary: \_\_\_\_\_

Relationship: \_\_\_\_\_ Present during events? Yes OR NO