



DRIVER MEDICAL INFORMATION FORM (FILL THIS BEFORE THE EVENT!)

Please complete this form and **bring it to the school and submit it during registration.** Information will be kept confidential and destroyed after the event.

NAME: _____ SCHOOL DATE: _____
(LAST, FIRST – Please print clearly)

Contact Information

A. Emergency Contacts – Please list names, telephone numbers (including cell phones) and relationships to you of those whom we should contact in case of an emergency.

B. Physician Contact – Please list the name and emergency phone number for you physician.

Medical Information

C. Specific Medical Problems – please check these medical conditions that you have.

| | | |
|--|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy (seizures) | <input type="checkbox"/> Lung problems |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Kidney Problems | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Adrenal Problems | <input type="checkbox"/> Other (list below) |

D. Medications – please list all prescription and non-prescription medications that you take.

E. Allergies – please list allergies you have to specific medications, as well as any serious general allergies you have (e.g., to bee stings, egg products, iodine, peanuts etc.)

F. Electrocardiogram – Physicians recommend that persons with a known abnormal EKG carry a copy to be used as a baseline in an emergency; you may attach a copy to this form if desired.

| | | |
|---|---|--|
| <input type="checkbox"/> No I do not have an EKG report | <input type="checkbox"/> My EKG is carried on my person | <input type="checkbox"/> My EKG is attached to this form |
|---|---|--|