



2019 Driver Emergency Contact/Medical Information

Driver emergency contact and medical information will be made available only to emergency medical responders at the race track. This form provides initial information to assist in emergency response if the driver is unable to respond to the emergency medical responders and to allow the track or hospital to notify the emergency contact.

DRIVER INFORMATION

Driver Name _____

Address: _____ City _____ State _____ Zip _____

Date of Birth _____ Sex: Male or Female

EMERGENCY CONTACT INFORMATION

Contact Name _____

Telephone Number _____ Relationship _____

DRIVER MEDICAL INFORMATION

Drug Allergies _____

Other Allergies Yes or No

Do you use an Epi Pen? Yes or No

Do you carry an Epi Pen? Yes or No If yes, where is it located? _____

Asthmatic Yes or No

Do you carry an inhaler? Yes or No If yes, where is it located? _____

Diabetic Yes or No

Medications _____

Any other past medical history that emergency medical responders should be aware of? _____
