

OPTIONAL MEDICAL INFORMATION FORM
High Performance Driving Schools
White Mountain Chapter BMW CCA

Completion of this Form is at the option of the Applicant. Complete this form if you would like rescue personnel at the racetrack to have your medical information readily available should you incur personal injuries or suffer from an illness while participating in the event. If you opt to complete this Form, you must strictly follow the instructions below and your envelope will be delivered to the rescue personnel before driving begins. After conclusion of the event, your envelope and its contents will be shredded.

INSTRUCTIONS:

1. Form must be submitted at the Registration Booth prior to commencement of the event; and,
2. Form must be submitted in a sealed envelope with your name printed clearly on the front.

Name _____

Address _____

Phone _____ (home) _____ (work)

Date of Birth _____

Medical Information

Physicians Name _____ Phone _____

Blood Type _____

Medications Used _____

Allergies to Medications: _____

In Case Of Emergency, Contact

Contact Name _____ Phone _____

Address _____

Relationship to you _____ Will this person be at the track? _____

I hereby certify that the above information is true and accurate. Also, I hereby grant permission to my physician(s) and any hospital or institution who has treated me to furnish my medical information to rescue personnel and/or other physicians or hospitals providing medical treatment to me as a result of an incident in the driving event referenced above.

Date: _____

Signature: _____