



## EMERGENCY CONTACT & MEDICAL INFORMATION

Your Name: \_\_\_\_\_

\_\_\_\_\_  
Primary Emergency Contact Name

\_\_\_\_\_  
Secondary Emergency Contact Name

\_\_\_\_\_  
Primary Emergency Contact Relation

\_\_\_\_\_  
Secondary Emergency Contact Relation

\_\_\_\_\_  
Primary Emergency Contact Phone Number

\_\_\_\_\_  
Secondary Emergency Contact Phone Number

### Medical Information:

Are you currently taking any medication? If so, please list.

Have you had any surgeries within the past five years? If so, please describe.

Do you have allergies to any medications? If so, please describe.

Are there any other medical conditions EMS should be aware of?

Are you currently under a physician's care? If so, please explain.

- Write your full name and team number on an envelope.
- Put a single person's form (this one) in the envelope.
- Nothing else goes in the envelope. (No waivers)
- Seal the envelope and give it to race staff.

In an emergency, we give the envelope to first responders. Otherwise, it gets shredded.