

## Competitors - Emergency Information Car # \_\_\_\_\_

The information on this form is confidential and would only be used to facilitate treatment in case of a medical incident. Place completed form in a sealed envelop, write your name and position (Driver, Co-driver, Service Crew) on the envelope and return it when you register at the rally. The envelopes will be returned with logbooks at the conclusion of the event, unless the individual requires medical care.

Full Name \_\_\_\_\_

Home address \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Age: \_\_\_\_\_ List any drug allergies \_\_\_\_\_

Weight \_\_\_\_\_ Current medications \_\_\_\_\_

Any other medical info you think important. \_\_\_\_\_

### Person (s) that Rally Officials should contact in an Emergency

(1) Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone H ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Are these people at the Rally? (1) \_\_\_\_\_ (2) \_\_\_\_\_

Other pertinent information \_\_\_\_\_

(2) Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone H ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Consent for use of information as stated above \_\_\_\_\_

(Signature)

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