

Service Crew - 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 _____

Consent for use of information as stated above _____

(Signature)

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