



Sandlapper Medical Information Form

- **Fill Out** and **SIGN** the Form
- **Fold** in half and staple
- Write **your name** and your **emergency contact** phone number on the back.
- Bring with you and **submit the form at event Check-in.**

Name: _____

Address: _____

Phone:(H) _____ (W) _____ (Mobile) _____

Date of Birth _____ Age _____

Physical/Health Information (for emergency treatment)

Drug Allergies: _____

Physical Limitations: _____

Medications (name, dosage; use additional form if necessary):

Name	Dosage

Emergency Contact: _____ **Relationship:** _____

Phone (Home) _____ (Work) _____ (Mobile) _____

Is this person at the event? YES NO

By law, Sandlapper BMW CCA is prohibited from distributing this information unless authorized to do so by the signee. It is solely for use at the event by emergency personnel.

Signature: _____

Date: _____