

PCC-ACNA - Participant Medical Information Form

This form will be kept confidential and only be used in the event of an emergency. It will be destroyed after completion of the event.

Run Group

Number

(See event packet)

Driver

Event

Address

City

State

Zip

Daytime Phone

Evening Phone

Medical Insurance Carrier / Policy Number

Emergency Contact

Relationship

Daytime Phone

Evening Phone

I wear contact lenses

I wear a prosthesis

Last tetanus

Current medications

Illness or condition which may affect you at the track