

**MEDICAL INFORMATION FORM**  
**White Mountain Chapter BMW CCA**

Completion of this Form is required for every student and instructor in an Advanced Driving Safety (ADS) or a High Performance Driving school event. The information on this form will enable rescue personnel to have your medical information readily available should you incur personal injuries or suffer from an illness while participating in the event. You must strictly follow the instructions below and complete this form accurately. After the event your envelope and its contents will be shredded.

**INSTRUCTIONS:**

- 1. This form must be submitted at the Registration Booth prior to commencement of the event; and*
- 2. This form must be submitted in a sealed envelope with your name and year, make and model of your car printed clearly on the front.*

Event Date: \_\_\_\_\_ Event Location: \_\_\_\_\_

Your Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Your Address \_\_\_\_\_

Your Phone \_\_\_\_\_ (home) \_\_\_\_\_ (work)

**Medical Information**

Personal Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Current Medical Conditions \_\_\_\_\_

Current Medications \_\_\_\_\_

Your Blood Type \_\_\_\_\_ Drug Allergies: \_\_\_\_\_

**In Case Of Emergency, Contact**

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to you \_\_\_\_\_ Will this person be at the event? \_\_\_\_\_

I hereby certify that the above information is true and accurate. Also, I hereby grant permission to rescue personnel to furnish my medical information to any other medical personnel, care giver, physician(s) and any hospital or institution treating as a result of any incident in the driving event referenced above.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_