

SAAC-46 Emergency Information Form

Participant's Name: _____

Home Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Age: _____

EMERGENCY CONTACT AT THE TRACK

Name: _____

EMERGENCY CONTACT AWAY FROM THE TRACK

Name: _____ Relationship: _____

Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

MEDICAL INFORMATION

Physician's Name or Name of Practice: _____

Address (if known): _____

Physician's Phone: (____) _____

Pacemaker: NO ___ YES ___ Prescription Eyewear: NO ___ YES ___

Known Allergies: NONE ___ YES (explain) _____

Current Medications & Dosages: NONE ___ YES (explain) _____

Medical conditions emergency staff should to be aware of: NONE ___ YES (explain) _____

Signed _____

Participant

Date: _____

Signed _____

Parent / Guardian (if Participant under 18 years of age)

Date: _____

All information on this form will be kept confidential by SAAC and shall only be disclosed on an as-needed basis in the event of an emergency.