

Confidential Emergency Medical Information

Please fill in the applicable fields. **You must bring completed form on registration day**

<u>Place Label Here</u>
Participant #: _____
Last Name: _____
First Name: _____

Date of Birth: _____ Gender _____ Cel phone #: _____

Address: _____

List Medications: (attach separate sheet if necessary)

Allergies: (foods, environmental, medicine) _____ Do any meds need refrigeration?: Yes ___ No ___ (please * med if yes)

List Significant Medical History: (attach separate sheet if necessary)

When was your last tetanus shot? _____ Please have your healthcare provider update prior to the ride.

Do you have any of the following: Diabetes ___ Epilepsy ___ Bleeding/Clotting Disorder ___ Asthma ___ Heart Disease ___ HIV/AIDS ___

T-cell Count _____

Viral Load _____

Emergency Contact:

Primary Care Physician(s):

Is there anyone on the Ride who we can contact in case of emergency?

Name: _____

Name: _____

Yes ___ No ___

Relationship: _____

Phone number: _____

If yes: Rider/Crew #: _____

Phone number (DAY): _____

Name: _____

Name: _____

Phone number (NIGHT): _____

Phone Number: _____

Insurance Information:

Please list any special medical needs you may have while on the Ride: (attach separate sheet if necessary)

Company: _____

Group #: _____

Policy #: _____

I hereby release the above information to the SMART Ride Medical Director and any other medical personnel who may need to care for me on the Ride.

Signature: _____

Date: _____

10/01/12 MJL