Bonneville Motorcycle Speed Trials ~ Bonneville Utah

Medical & Emergency Information CONFIDENTIAL

Name: ____ Date: ____/____/___
Last First Middle Initial

Birth date: ___________ Age: ____ Male: ___ Female: ___
Address: ____ Apt: ________________
City: _________________________ State: __________________ Zip: ____________
Home Phone: ____________________ Business Phone: ________________________

Emergency Contact:

1: ____
Name phone Relationship
2: ____
Name phone Relationship
Who will be onsite? __ Contact 1 __ Contact 2 __ Both __ Neither

Primary Care Physician:

Name: ____ Phone: ________________

Insurance:

Company: ________________________________Policy Number: ________________

Address: ____Phone:______________

Personal Medical Information/History:

List all prescription and non- prescription medications that you are taking: ____________________
____

List all Drug sensitivity and allergies (describe): ______________________________________
____

Do you currently have any medical problems (describe)? ________________________________
____

Do you have a current tetanus immunization (within last 10 years) Yes __ No __

Have you ever been told you had one of the following?

Heart Condition Yes __ No __ Diabetes Yes __ No __
Seizures/Epilepsy Yes __ No __ Contact/Corrective Lenses Yes __ No __

Blood Type __________

I hereby certify that the above information is a true and correct statement of my medical information.

Signed: _______________________ Print name: _____________________Date: __________

Medical or Surgical Procedure Consent

In the case of emergency wherein I am incapable of giving consent due to illness or injury, I hereby authorize any qualified person to administer first aid and/or other necessary treatment. Further I authorize and license surgeon to perform surgery, if need for surgery is agreed upon by a qualified physician.

Signed: ______________________ Print name: ____________________ Date:__________