

BKC MEDICAL INFORMATION

The following information will only be available to the EMT crew at the track. Failure to provide this information increases a drivers health risk if involved in a serious accident and insurance coverage. This form provides the necessary information to insure that these issues are taken care of.

Driver Name:

Driver Information

Date of Birth _____ Sex: Male or Female
Helmet Brand _____ Suit Brand _____
Glove Brand _____ Shoe Brand _____

Emergency Contact Information

Name _____
Number _____

Health Insurance Information

Provider Name _____

Medical Information

Blood Type _____
Drug Allergies _____

Allergies: Yes or No
Do you use and EPI Pen: Yes or No
Do carry an EPI Pen: Yes or No
If yes, where do you keep it _____

Asthmatic: Yes or No
Do carry an Inhaler: Yes or No
If yes, where do you keep it _____

Diabetic: Yes or No
Medications _____

Past medical history the EMT or Doctor should be aware of?

