

GENESEE VALLEY KART CLUB
AVON KART SPEEDWAY
2010 DRIVERS EMERGENCY MEDICAL INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

DATE OF BIRTH _____ BLOOD TYPE _____

IN CASE OF EMERGENCY PLEASE CALL: _____

ALLERGIES: _____

CURRENT MEDICATION: _____

PAST INJURIES (INCLUDE FRACTURES): _____

PAST MEDICAL HISTORY (DIABETES, HEART DISEASE, SEIZURES): _____

HEALTH PLAN AND INSURANCE NUMBER: _____

RELIGIOUS PREFERENCE: _____