

#GRIDLIFE Medical Emergency Form

Please complete all information on this form and use the reverse side for any additional personal medical information that you feel be important. This information is voluntary, but could be in your best interest if needed. Please hand to the registration staff. You pick up your medical information form at the end of the event, otherwise, this information will be destroyed after the event.

Name: _____ Blood Type: _____ Age: _____

Allergies: _____

Current Medications: _____

Check any of the following that are pertinent (use extra space for further description)

contact lenses: _____ asthmatic: _____ epileptic: _____

dentures: _____ diabetic: _____ cardiac: _____

List other pertinent health conditions or information: _____

In case of emergency, notify: _____

Relationship to driver: _____ Is this person at the event: _____

Emergency phone number: _____

Family doctor: _____ Phone: _____

Participant's Name: _____

Signature: _____

Date: _____