

Nor Cal SAAC Emergency Information Form

Participant's Name: _____

Home Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Age: _____

EMERGENCY CONTACT AT TRACK

Name: _____

EMERGENCY CONTACT AWAY FROM THE TRACK

Name: _____

Address: _____

Relationship: _____ Home Phone: (____) _____ Cell Phone: (____) _____

MEDICAL INFORMATION

Physician's Name or Name of Practice: _____

Address (if known): _____

Physician's Phone: (____) _____

Pacemaker Y ___ N ___ Prescription Eyewear Y ___ N ___

Current Medications & Dosages: _____

Known Allergies: _____

Please state any medical conditions of which emergency staff needs to be aware: _____

Signed _____ Date: _____

Participant

Signed _____ Date: _____

Parent / Guardian (if Participant under 18 years of age)

All information on this form will be kept confidential by Nor Cal SAAC and shall only be disclosed on an as-needed basis in the event of an emergency.