

**Southern California Timing Association/Bonneville Nationals, Inc.**

Workers' Assignment \_\_\_\_\_

**Medical Information**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Entry # \_\_\_\_\_

**Support Crew at Event:**

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Insurance**      No \_\_\_ Yes \_\_\_ If yes, complete below

Carrier \_\_\_\_\_ ID No. \_\_\_\_\_

Group \_\_\_\_\_ Subscriber \_\_\_\_\_

**Emergency Contact on Salt**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone No. \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_

Other Emergency Contact (home) \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Information**

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_ Last Exam \_\_\_\_\_

Prescription Medication- please list \_\_\_\_\_

Allergies to medications \_\_\_\_\_

Past surgical history \_\_\_\_\_

Other Medical Issues: Check all that apply

- |                            |     |                          |     |                           |       |
|----------------------------|-----|--------------------------|-----|---------------------------|-------|
| Insulin Dependent Diabetic | ___ | Blood problems-, anemia  | ___ | Other special needs -list | _____ |
| Heart Disease              | ___ | Blood problems-clotting  | ___ |                           | _____ |
| High Blood Pressure        | ___ | Musculoskeletal problems | ___ |                           | _____ |
| Respiratory problems       | ___ | Malignancy               | ___ |                           | _____ |
| Previous head injuries     | ___ | Seizure disorder         | ___ |                           | _____ |

Authorization for Emergency Care: In case of an emergency, wherein I am incapable of giving consent due to illness or injury, I authorize any qualified person to administer first aid and/or other necessary treatment. I further authorize any licensed surgeon to perform life-saving surgery, if the need for surgery is agreed upon by two(2) physician's judgment.

Signed \_\_\_\_\_ Date \_\_\_\_\_.