

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. _____ 2nd 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 _____.