



## GVC Medical Information Form

- **Fill out** and **SIGN** the form.
- **Fold** in half and staple
- Write **your name** and your **emergency contact phone number** on the back.
- Bring with you and **submit the form at event Check-in**.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:**  
 (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

### Physical/Health Information (for emergency treatment)

Drug Allergies: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Medications (name, dosage; use additional form if necessary):

Name	Dosage

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Phone (H) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Is this person at the event? YES NO

*By law, GVC is prohibited from distributing this information unless authorized to do so by the signee. It is solely for use at the event by emergency personnel*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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