

# GVC Medical Information Form

- **Fill out** and **SIGN** the form.
- Bring with you and **submit the form at event Check-in.**



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

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

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

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

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

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

Is this person at the event? YES NO

Guest ride car number:

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

## Physical/Health Information (for emergency treatment)

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

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

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

| Name | Dosage |
|------|--------|
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|      |        |
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|      |        |
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