

MANDATORY FORM

Windy City BMW Medical Form

This is an insurance requirement of our national organization. Please fill out this form as close to the day of registration as you can. Place it in a sealed letter sized envelope with your name printed on the outside. This information will only be used in case you are unable to provide it to the medical personnel in an emergency. It will be destroyed after the driving experience.

Name: _____

Age: _____

Emergency Contact:

Is this person at this experience? Y N

Phone number of Emergency Contact: _____

Other person at the experience to notify: _____

Phone number _____

Current medical conditions:

Current medications:

Drug allergies:

Name of driver's personal physician:

Physician's phone number:

Anything else you would want the people caring for you in a potentially life-threatening situation to know?

