

Confidential-For EMT Records Only

BKC Medical Information

The following information will only be available to the EMT crew at the track. Failure to provide this information increases a driver's health risk if involved in a serious accident and insurance coverage. This form will provide the necessary information to insure that these issues are taken care of.

NAME _____ Emergency Contact _____
Phone Number _____

ADDRESS _____
STATE _____ ZIP CODE _____

IF MARRIED, SPOUSES NAME _____

KART NUMBER _____ CLASS _____

AGE _____ BLOOD TYPE _____ DATE OF BIRTH _____ SEX: M/F

DO YOU HAVE OTHER HEALTH INSURANCE Y/N

INSURANCE CARRIER NAME _____

HELMET BRAND _____ SUIT BRAND _____

GLOVES BRAND _____ SHOES BRAND _____

DRUG ALLERGIES _____

ALLERGIES Y/N

DO YOU USE AN EPI PIN Y/N

DO YOU CARRY AN EPI PIN Y/N

IF YES, WHERE DO YOU KEEP IT _____

ASTHMATIC Y/N

DO YOU CARRY AN INHALER? Y/N

WHERE DO YOU KEEP IT _____

DIABETIC Y/N

MEDICATIONS _____

PAST MEDICAL HISTORY THE EMT OR DOCTOR SHOULD BE AWARE OF:

Mail this completed form to:
SHARI DELLA
24919 DOVER LINE RD
WATERFORD, WI 53185

If you have ever been in a Red Flag situation,
you already know how important this information
is. If not, please cooperate.