



C. Thomas Clagett Jr. Memorial Clinic and Regatta



EMERGENCY MEDICAL INFORMATION FORM*

Competitors will not be scored without this form

Name _____ Gender _____ DOB _____

Address _____

City _____ State _____ Country _____ Postal Code _____

Racing Class _____ Sail Number _____

Name of Person to Contact in an Emergency _____

Local Emergency Contact Phone Number _____

Current Medical Conditions _____

Date of Last Tetanus/Diphtheria Dose _____

Medications Currently Used and Dose _____

Allergies _____

Auto Epinephrine Injector Recommended? (Yes/No) _____

Do you have any special medical conditions or needs that may require special attention? _____

Name and Contact Information of your personal physician who may contact for advice in an emergency _____

Please list any additional pertinent information _____

PLEASE BRING A COPY OF YOUR HEALTH INSURANCE CARD WITH YOU

**This information is for use in an emergency only and will be destroyed at the conclusion of the event*

This form must be submitted at On Site Registration