



# Medical Information Form



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Car Number: \_\_\_\_\_ NASCAR/ARCA Membership Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Doctor(s): \_\_\_\_\_

Medical History: \_\_\_\_\_

Medications: \_\_\_\_\_

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

I authorize Madison International Speedway and/or ARCA Midwest Tour official's to release listed medical information in the event that I'm unable to do so myself.

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



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