



West Coast Vintage Racers

2023 Personal Medication Form

This form is to be given to the EMT's in case of a medical emergency. These are the same questions that will be asked at the ER. **Do not just say "Same as last year"!! Please fill out this form and put in a separate envelope. Write only your name on the envelope and seal it. The contents will only be seen should an emergency occur and then by the EMT.**

This document will be kept in the sealed envelope in a safe place with limited access. Your membership in West Coast Vintage Racers is not contingent on you completing this information. If you are uncomfortable completing medical information, we encourage to complete the section on the last page with the name of someone usually at the track that can address these questions should be need arise. **Please put it in an envelope and write only your name on the front.**

Personal Information (Please Print Clearly):

Name: _____

Address: _____

City, State, Country, Zip _____

Date of Birth: _____ Home phone: _____

Cell Phone: _____

Doctors Name _____

Doctors/Clinic Phone: _____

Pharmacy Name and Phone _____

MEDICATIONS: Please list all prescription and non-prescription medications, herbals, nutritional supplements, eye drops, inhalers etc that you use. **Attach separate list if needed.**

DATE STARTED	NAME OF MEDICINE	DOSE	DIRECTIONS	PURPOSE?

ALLERGIES: Are you allergic to any medications? Are you allergic to any foods, iodine, tape or latex? If yes, please list

VACCINE HISTORY: Circle for each vaccine below:

Tetanus: #1 Within past 10 years, #2 Unknown

Pneumonia: #1 Within past 10 years, #2 Unknown

Influenza (Flu): #1 Within past 10 years, #2 Unknown

Emergency Contacts:

Name: _____

Phone: _____ Relationship: _____

Name: _____

Phone: _____ Relationship: _____

Name: _____

Phone: _____ Relationship: _____

Mail along with dues and other Membership documents:

WCVR
PO Box 545
Otis Orchards, WA 99027