|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |
| **A's R US Confidential Medical Form** | Date Filled Out: |   |   |  |  |  |
|  |  |  |  |   |   |   |   |  |  |  |
|   | Last NAME: |   |   |   | First Name: |  |  |  |  |
|  |   |   |   |   |  |  |  |  |  |  |
|  | DOB: (mo/date/yr): |   |   |  | Age: |   |  |  |  |
|  |   |   |   |   |  |   |   |  |  |  |
|  | SSN: |   |   |   |  |  |  |  |  |  |
|  |   |   |   |   |  |  |  |  |  |  |
|  | Name of Emergency Contact: |   |   |   |   |  |  |  |
|  |   |   |   |   |   |   |   |  |  |  |
|  | Phone of Emergency Contact: ( ) |   |   |   |  |  |  |
|  |   |   |   |   |   |   |   |  |  |  |
|  | Name of Primary Health Physican: |   |   |   |   |  |  |  |
|  |   |   |   |   |   |   |   |  |  |  |
|  | Phone Number of Primary Health Physican: ( )  |   |  |  |  |
|  |   |   |   |   |   |   |   |  |  |  |
|  | **List Medications and Dosage Below** |  |  |  |  |  |  |
|  |  | Name |  |  | Dosage in Mg | How Often Taken |  |  |
|  | #1 |   |   |   |   |   |   |   |  |  |
|  |   |   |   |   |   |   |   |   |  |  |
|  | #2 |   |   |   |   |   |   |   |  |  |
|  |   |   |   |   |   |   |   |   |  |  |
|  | #3 |   |   |   |   |   |   |   |  |  |
|  |   |   |   |   |   |   |   |   |  |  |
|  | #4 |   |   |   |   |   |   |   |  |  |
|  |   |   |   |   |   |   |   |   |  |  |
|  | #5 |   |   |   |   |   |   |   |  |  |
|  |   |   |   |   |   |   |   |   |  |  |
|  | **List any Allergies or Medications of Which You are Allergic Below:** |  |  |
|  | #1 |   |   |   |   |   |  |  |  |  |
|  |   |   |   |   |   |   |  |  |  |  |
|  | #2 |   |   |   |   |   |  |  |  |  |
|  |   |   |   |   |   |   |  |  |  |  |
|  | #3 |   |   |   |   |   |  |  |  |  |
|  |   |   |   |   |   |   |  |  |  |  |
|  | #4 |   |   |   |   |   |  |  |  |  |
|  |   |   |   |   |   |   |  |  |  |  |
|  | List Any Serious Diseases That You Have (Diabetes, Cancer, Heart, Thyroid, Etc) Below |  |  |
|  | #1 |   |   |   |   |   |   |  |  |  |
|  |   |   |   |   |   |   |   |  |  |  |
|  | #2 |   |   |   |   |   |   |  |  |  |
|  |   |   |   |   |   |   |   |  |  |  |
|  | #3 |   |   |   |   |   |   |  |  |  |
|  |   |   |   |   |   |   |   |  |  |  |
|  | It is understood that the information contained within this form is to kept confidential  |  |  |
|  | UNLESS a medical situation develops during the course of an activity being conducted by |  |  |
|  | the A's R US car club that necessitates the release of this information to medical personnel. |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Signature: |   |   |   |   |   |   |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |