

**A's R US Confidential Medical Form**

Date Filled Out:

Last NAME:		First Name:
DOB: (mo/date/yr):		Age: <span style="background-color: #C8E6C9; border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>
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: \_\_\_\_\_