



**West Coast Vintage Racers**

**2024 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?

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

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**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**