

Seven Slot Society of SWLA

Emergency Health Information Sheet

THIS CARD IS TO BE IN YOUR GLOVEBOX IN A CONSPICUOUS MANNER AT ALL TIMES

Primary Driver

Last Name _____ First Name _____ DOB ____ / ____ / ____

Sex **M / F** Hair Color _____ Height ____' ____" Weight _____ lbs Blood type: _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____

CONTACT IN CASE OF EMERGENCY

Primary Contact: Last Name _____ First Name _____

Primary Phone (____) _____ - _____ Secondary Phone (____) _____ - _____

Secondary Contact: Last Name _____ First Name _____

Primary Phone (____) _____ - _____ Secondary Phone (____) _____ - _____

HEALTH INFO

Drug Allergies: _____

Other Allergies: _____

Medical Conditions: _____

Current Medications: _____
