SOUTHERN DRAG BOAT ASSOCIATION, LLC

2027 Emergency Medical Information

Drivers Name | Date of Birth | M F SEX

Home Phone | Cell Phone | Age & Weight

Address | City, State and Zip Code

Email Address

Emergency Contact

Emergency Contact | Phone

Address | City, State & Zip Code

Medical Information

Known Medical Issues

Medications

Medication Allergies

Insurance Carrier

I authorize all medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics and waive my right to informed consent of treatment. This waiver applies only in the event that neither spouse nor next of kin can be reached in the case of an emergency.

Participant Signature | Date