

EMERGENCY INFORMATION

for participation in
**American
Solar Challenge 2010**

School/Company: _____

Team Number: _____

Last Name: _____

First Name: _____

Middle Name: _____

Date of Birth (yyyy/mm/dd): _____

Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Primary emergency contact (a person NOT at the event):

Name: _____ Relationship: _____

Phone: _____ Location: _____

Secondary emergency contact (a person NOT at the event):

Name: _____ Relationship: _____

Phone: _____ Location: _____

All of the above information is required for participation in American Solar Challenge 2010.

Emergency Medical Information:

Please list any illness or physical disorder that we should know about in case of a medical emergency: _____

Do you have any allergies or have you ever reacted unfavorably to any drug, medicine or other substance? NO or YES . If yes, please explain: _____

Physician/Medical Contact: _____ Tel: _____

Health Insurance Co: _____ Tel: _____

Health Ins. Policy #: _____

PLEASE SIGN ONLY ONE OF THE LINES BELOW

I allow American Solar Challenge or their assignees to use or release this information to appropriate medical professionals in the case of emergency.

participant/ or legal guardian if under 18

For those NOT wishing to divulge medical information:

I do not wish to divulge any of the above medical information and will hold American Solar Challenge, its sponsors, agents, employees, and participants blameless if such information is deemed helpful in a medical emergency.

participant/ or legal guardian if under 18

NOTE: Every team member needs to complete an Emergency Information form. Each form should be turned in during Registration at the Event. Please do not mail them in early.