

EMERGENCY INFORMATION

for participation in
**North American
Solar Challenge 2008**

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 North American Solar Challenge 2005.

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. Three copies of each form should be turned in during Registration at the Event. Please do not mail them in early.