

EVENT #



2009 BEACH2BATTLESHIP Medical Information Form

Instructions: Please download this form – fill it out and turn it in at packet pick-up.
(You will not receive your event packet until this form is filled out and turned in)
To save yourself time at packet pick-up it is suggested that you bring the form with you – already filled out.

Participant Name: _____ Age: _____

Event Day Emergency Contact Info:

Name: _____ Phone: _____

Does anyone have your medical power of attorney (MPOA) in the event you are incapacitated? If so, list their name below, otherwise, leave blank.

MPOA: _____ Phone: _____

Recent travel outside of the U.S.: None) _____

CIRCLE ALL ITEMS THAT APPLY TO YOU

Angina (chest pain)
Pacemaker
Seizures
Anemia
Dehydration

Heart attack
High blood pressure
Bleeding disorder
Pregnancy
Hyperventilation

Irregular heart rhythm
Diabetes
Asthma
Heat exhaustion
Hypoglycemia

Recent surgery/ hospitalization _____

Allergies (?) _____

MEDICATIONS

List any medications (and dosages) you are currently taking:

- | | |
|----------|----------|
| 1) _____ | 4) _____ |
| 2) _____ | 5) _____ |
| 3) _____ | 6) _____ |