

**EMERGENCY CONTACT
INFORMATION FORM**
PCA MILWAUKEE REGION-DRIVER'S EDUCATION
(Complete and give to registration!)

Name _____ Age _____

PCA member? _____ Region: _____

Address _____ City _____

State _____ Zip _____

Phone: (H) _____ (W) _____ (C) _____

Auto Make/Model: _____ Year _____ Color _____

Medical Information

In emergency, notify: _____ At event? Yes / No

Ph#: Day(____) _____ Eve (____) _____ Cell (____) _____

Address: _____

City _____ State _____ Zip _____

List any recent medications or special conditions:

Blood Type: _____

Personal Physician: Name _____ Ph.#() _____

Do any of the following apply to you? (Y=Yes, N=No)

Contact Lenses _____ Diabetic _____ Epileptic _____ Hemophiliac _____

Dentures _____ Asthmatic _____ Heart Condition _____

Allergies (i.e. bee stings, list) _____

Have you had any formal training in: First Aid _____ CPR _____ Fire & Rescue _____