

**2008 MAINE STATE OPTIMIST CHAMPIONSHIPS
MEDICAL AND EMERGENCY INFORMATION**

NAME: _____ GENDER _____ (M) _____ (F)

ADDRESS: _____
Street/P.O. Box

City State Zip

TELEPHONE _____ (R) _____ (B)

DATE OF BIRTH: _____

ADULT RESPONSIBLE FOR COMPETITOR AT EVENT: _____

ADULT'S CELL #: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS AS COMPLETELY AS POSSIBLE:

Please check those that apply: (Provide necessary details below)

CHRONIC AILMENTS:	ALLERGIES:
ASTHMA, OR OTHER RESPIRATORY PROBLEMS	MEDICATION
DIABETES OR HYPOGLYCEMIA	BEE STINGS/INSECT BITES
HEMOPHILIA, OR OTHER BLEEDING PROBLEMS	FOODS
CIRCULATORY OR HEART PROBLEMS	OTHERS, IF SIGNIFICANT
EPILEPSY	

CURRENT MEDICATIONS, IF ANY: _____

DETAILS: _____

HEALTH INSURANCE CARRIER: _____ Certificate # _____

PRIMARY CARE PHYSICIAN: _____ Phone # _____