



**- ADDENDUM C -
VHF OWNER/RIDER
MEDICAL INFORMATION SUMMARY**

*This form is **optional** and is designed to assist caregivers and emergency personnel in case of illness or accident.
All information to be kept confidential*

Date: _____ Name: _____

Name of Parent(s) if a Minor: _____

Physical Home Address: _____

Home Ph: _____ Office Ph: _____

Cell Ph: _____ Email: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Blood Type: _____

Allergies (medications, inhalant, contact, food, other):

Please Check Off If Appropriate:

Back injury or condition: _____

Previous concussion: _____

Neck injury or condition: _____

Hemophilia: _____

Sight impaired: _____

Hearing impaired: _____

Epilepsy: _____

Diabetes: _____

Heart Condition: _____

Other: Please explain: _____

Do you wear a Medic-Alert Bracelet?: _____ Necklace?: _____

Recent Injury: Please explain: _____

Last Hospital Admission: _____

Medication(s): _____

Primary Doctor Name: _____ Ph: _____

Preferred Hospital in case of Emergency: _____