MEDICAL FORM

Medical form to attend events and in case of emergency medical treatment. Please type or print all information.
This form is required for all Circle K members attending designated Circle K International Events.

Member information:

First M.I. Last

Street Address

City /State/ Zip Code

Sex (check one) ☐F ☐M Height Weight Birthdate:

Phone: Alt Phone:

Emergency Information:
Alternate Contact:
Relationship to member: Phone: Alt Phone:

Medical Information:
Medical information Health Insurance Company:
Policy Number: Group Number:
Name on insurance coverage: Phone of Named Insured:

Will you be taking any prescription medication or over-the-counter drugs of any type? ☐Yes ☐No

If yes, please explain:

Has you ever been or is currently being treated for (check yes or no)?

Nervousness	☐Yes ☐No	Rheumatic fever	☐Yes ☐No	Asthma	☐Yes ☐No	Convulsion/epilepsy	☐Yes ☐No
Cancer or tumors	☐Yes ☐No	Diabetes	☐Yes ☐No	Heart condition	☐Yes ☐No	Headaches	☐Yes ☐No
Medication Allergies	☐Yes ☐No	High blood pressure	☐Yes ☐No	Fainting spells	☐Yes ☐No		

List any allergies or other medical conditions of which we need to be aware:

In the case of a medical emergency, I understand that every effort will be made to contact the emergency contacts listed above. In the event those persons cannot be reached or time does not permit, I hereby give permission to a licensed physician or other licensed medical provider, to provide proper treatment, including but not limited to hospitalization, injection, anesthesia and/or surgery, for the above-named Circle K member. On behalf of myself, I hereby **RELEASE, WAIVE AND FOREVER DISCHARGE** Circle K International and its officers, directors, employees, subsidiaries and agents, from any and all claims, liabilities, causes of action, damages, demands, judgments, executions, liens and costs whatsoever, in law or equity, including, without limitation, liability for death or bodily injuries to any person or damage to any property resulting from any (i) claims made against medical providers of emergency services under this authorization, or (ii) against Circle K International for obtaining medical emergency services for said Circle K member pursuant to this authorization.

Member Name: Signature: Date: